ZPAQ Introduction

Intro to Fujitsu

- **Fujitsu LifeBook P Series**
  - **The World's Smallest Full-featured Notebook** - Weighing a mere 3.4 pounds and only 10.6" x 7" x 1.59“.
  - **Exceptional Versatility with a Modular Bay** - Not found in any other notebook its size.
  - **Internal LAN and Modem**
  - **Flexible PC Card Slot used for Smart Card Reader**.
  - **Superior Connectivity Only Found in Larger Notebooks**
  - **Thin and Light with Magnesium-Alloy Casing**
  - **Long Battery Life**

Doskocil Case

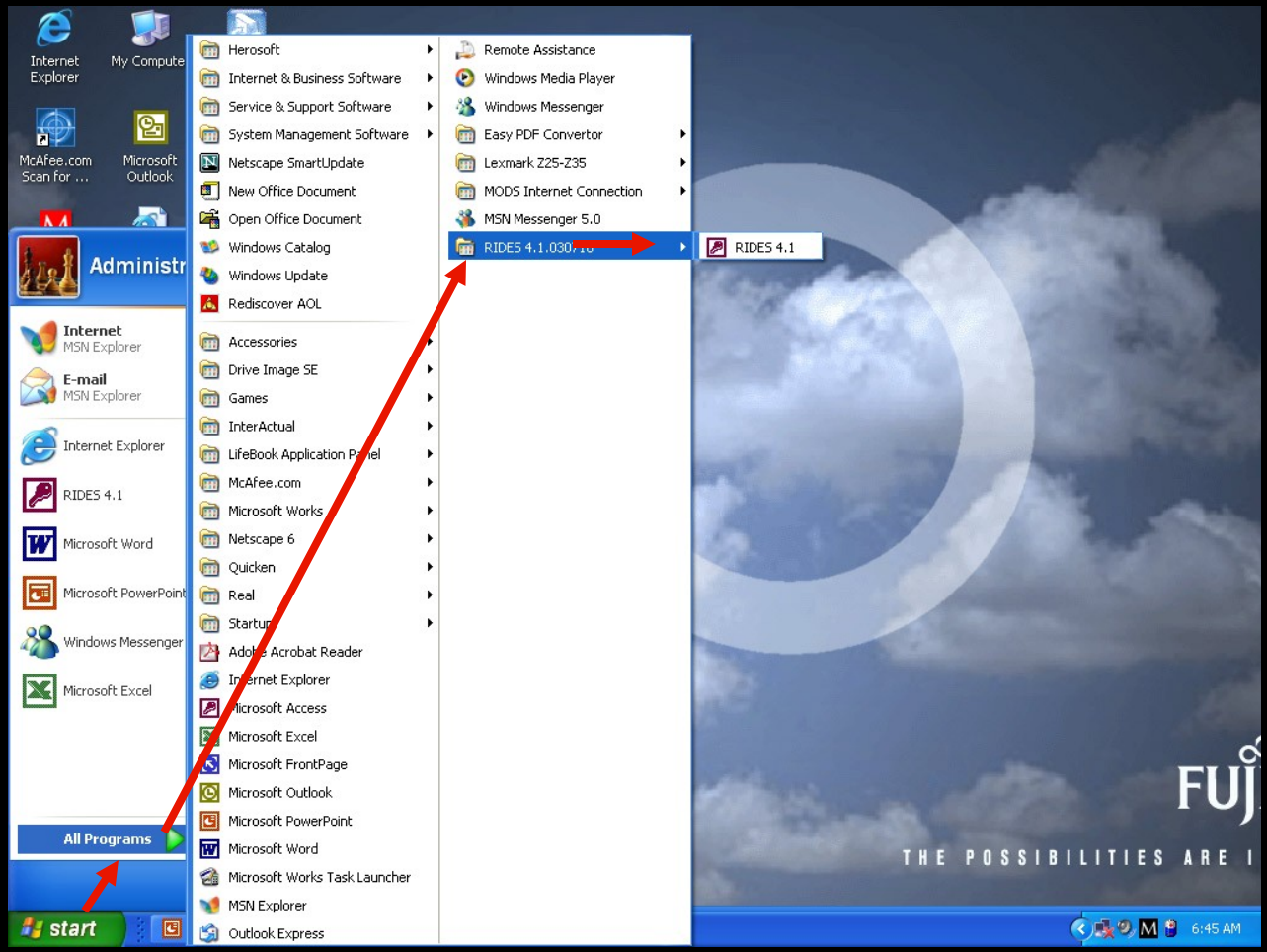
- Water tight, air tight, and dust proof, the laptop accessory case features reinforced ribbing, continuous Dri-loc seal and a low profile pressure release valve.
- Features an extra large handle for gloved hands.
- Continuous dri-loc seal for maximum watertight protection.
- Exclusive four latch system for added security and a tight fit.

Expansion Pack

- Expansion Pack
  - Barcode Wand
    - Allows users to increase their productivity and accuracy by scanning the back of a soldier's ID card and populating their SSN onto the screen
  - Signature Pad
    - A complete and versatile pen-input system for the capture of the Health Care Provider's signature
  - SanDisk
    - Easy to use compact flash reader for importing PDHA information from the MPDA

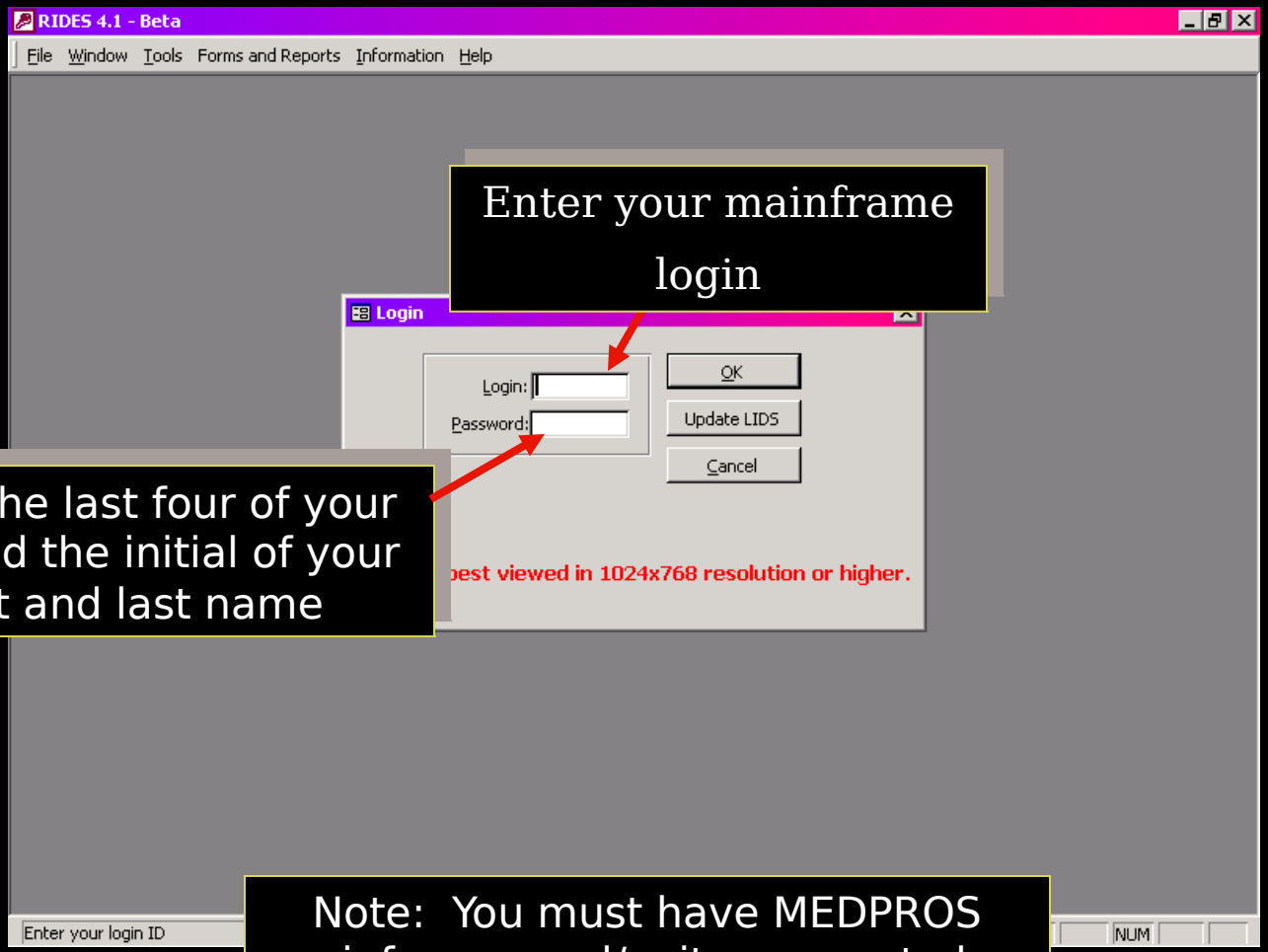
Medic Training

Medic Training Accessing the Automated-DD FORM 2796



Click on the “Start” button, scroll up to “Programs” and select “RIDES

Medic Training Accessing the Automated-DD FORM 2796 (cont)

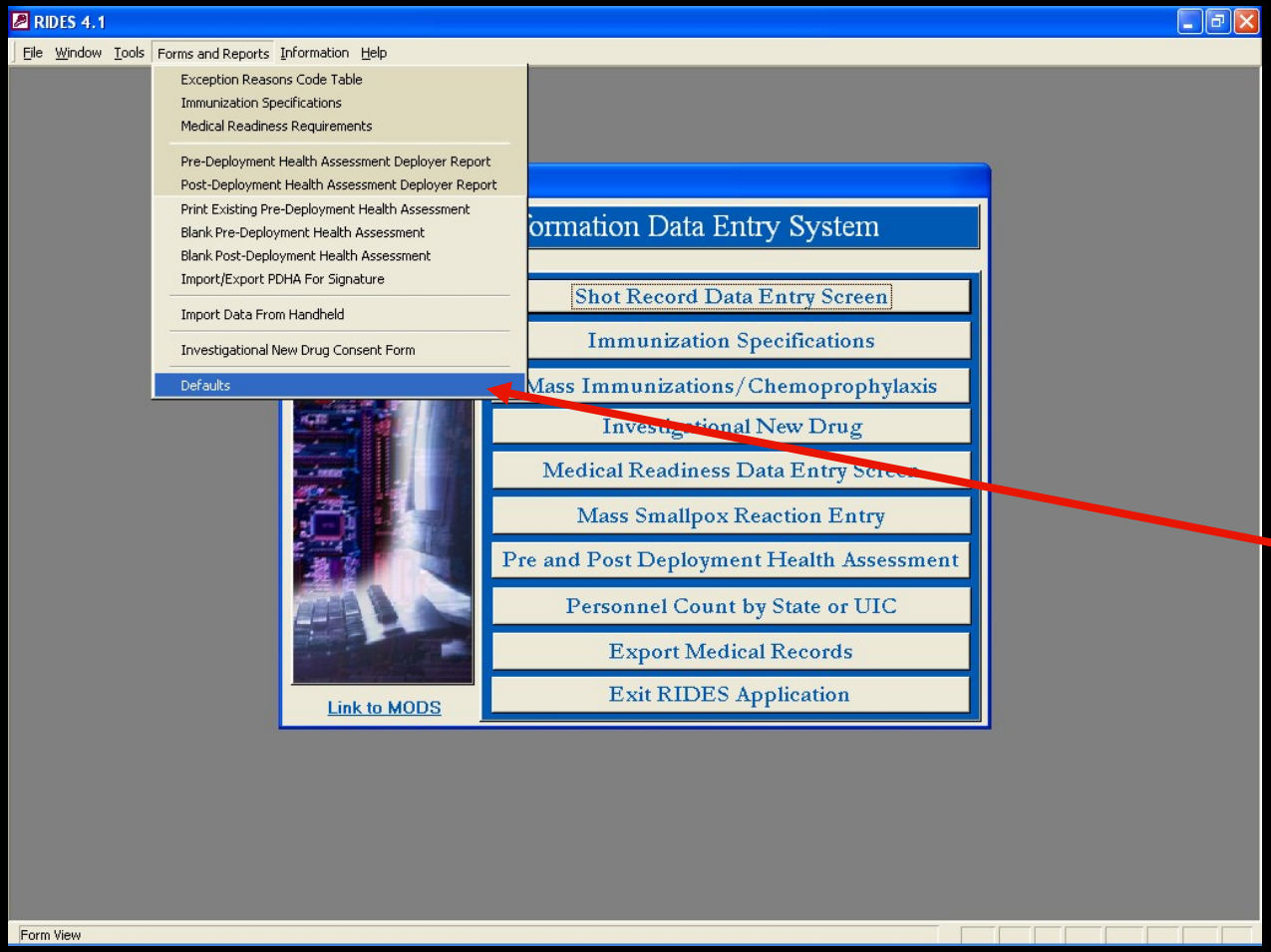


Enter your mainframe login

Enter the last four of your SSN and the initial of your first and last name

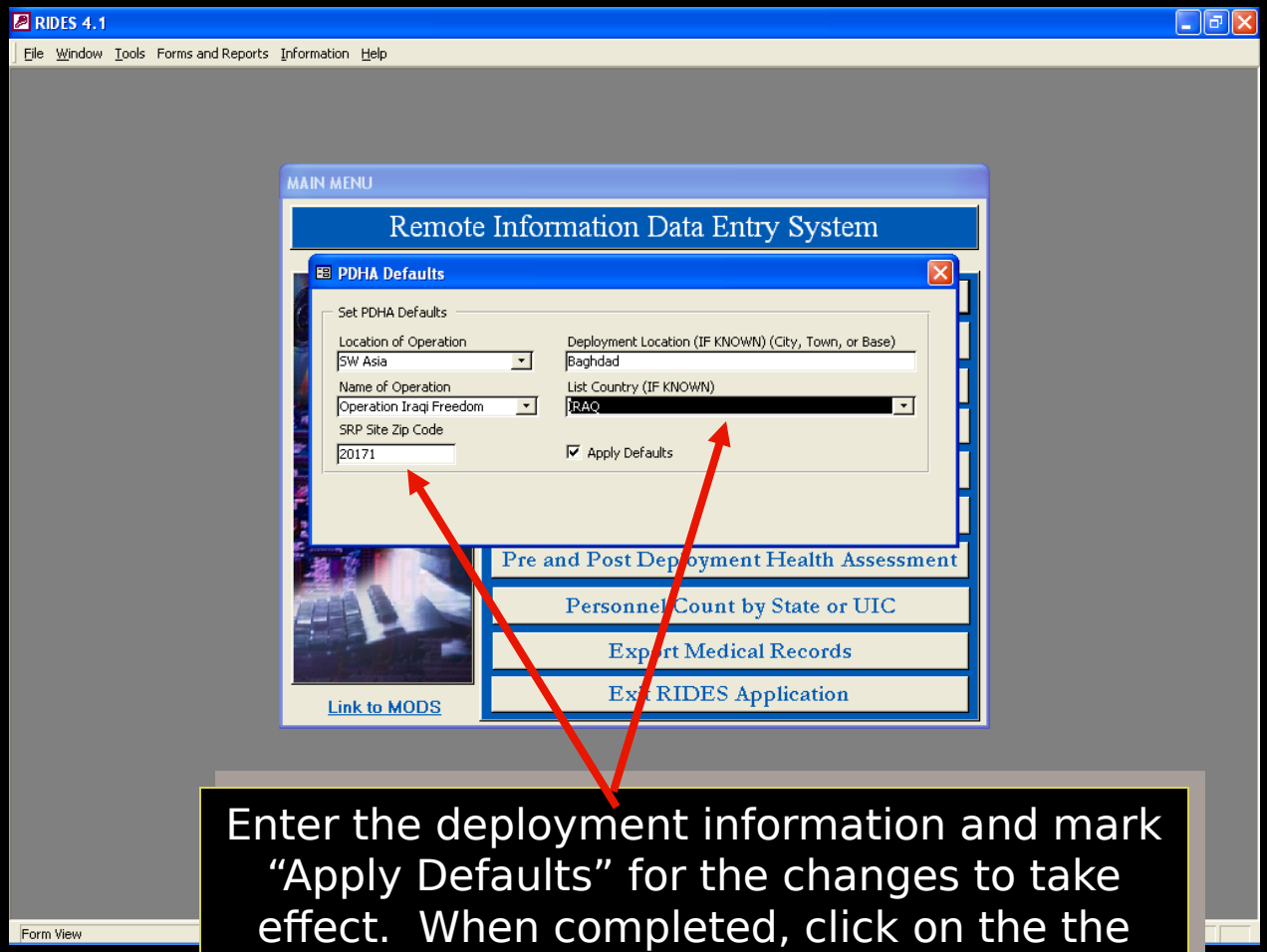
Note: You must have MEDPROS mainframe read/write access to log onto RIDES.

Medic Training Accessing the Automated DD FORM 2796 – Setting Defaults



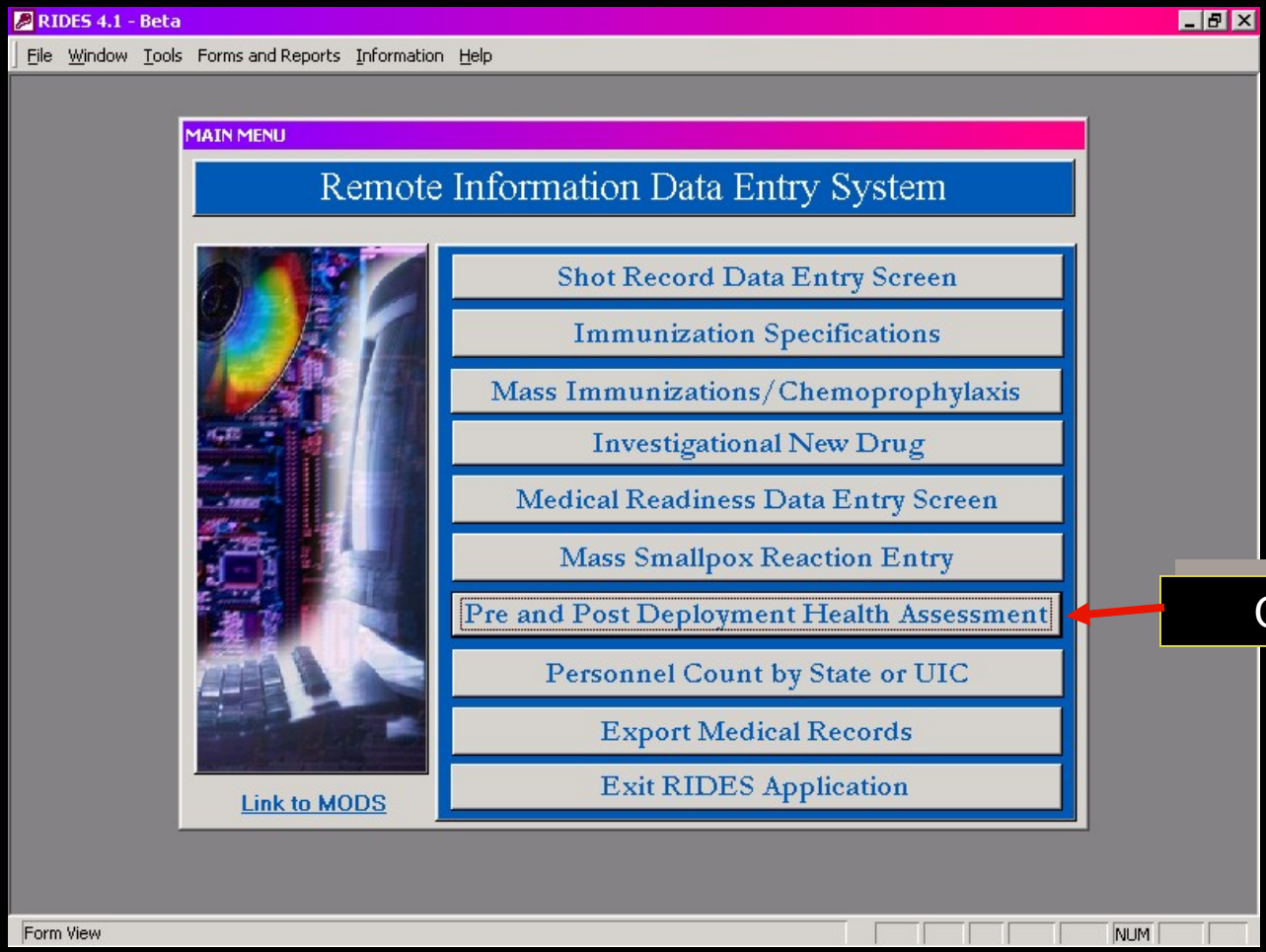
Setting defaults saves time when entering PDHA data on members from the same unit who deployed together. Begin by clicking on "Forms and Reports" and scrolling all the way down. Click on "Defaults" to enter the deployment information.

Medic Training Accessing the Automated DD FORM 2796 – Setting Defaults



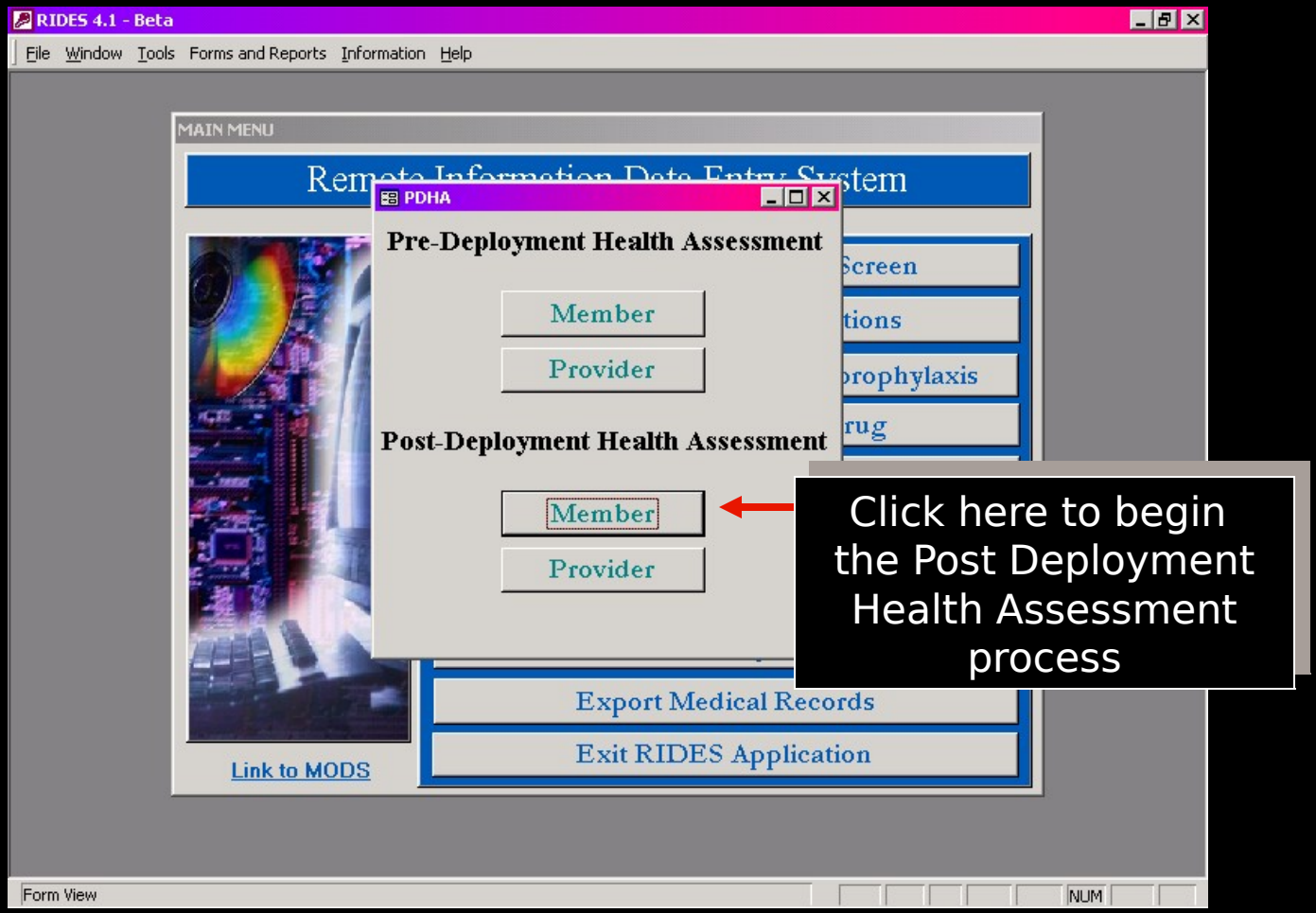
Enter the deployment information and mark "Apply Defaults" for the changes to take effect. When completed, click on the the small red box to begin entering PDHA data on individual members.

Medic Training Accessing the Automated DD FORM 2796



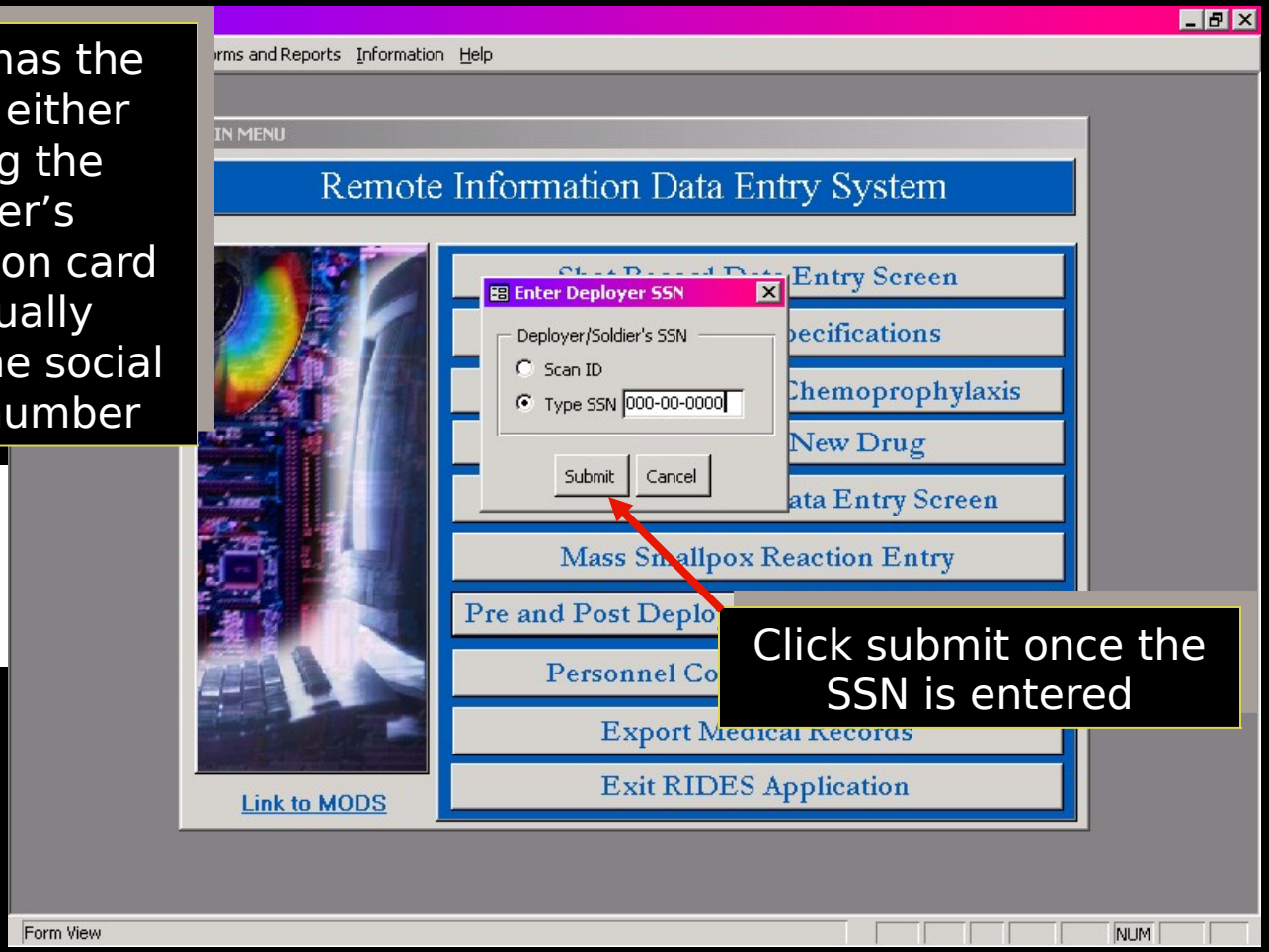
Click here

Medic Training Accessing the Automated DD FORM 2796



Medic Training Accessing the Automated DD FORM 2796

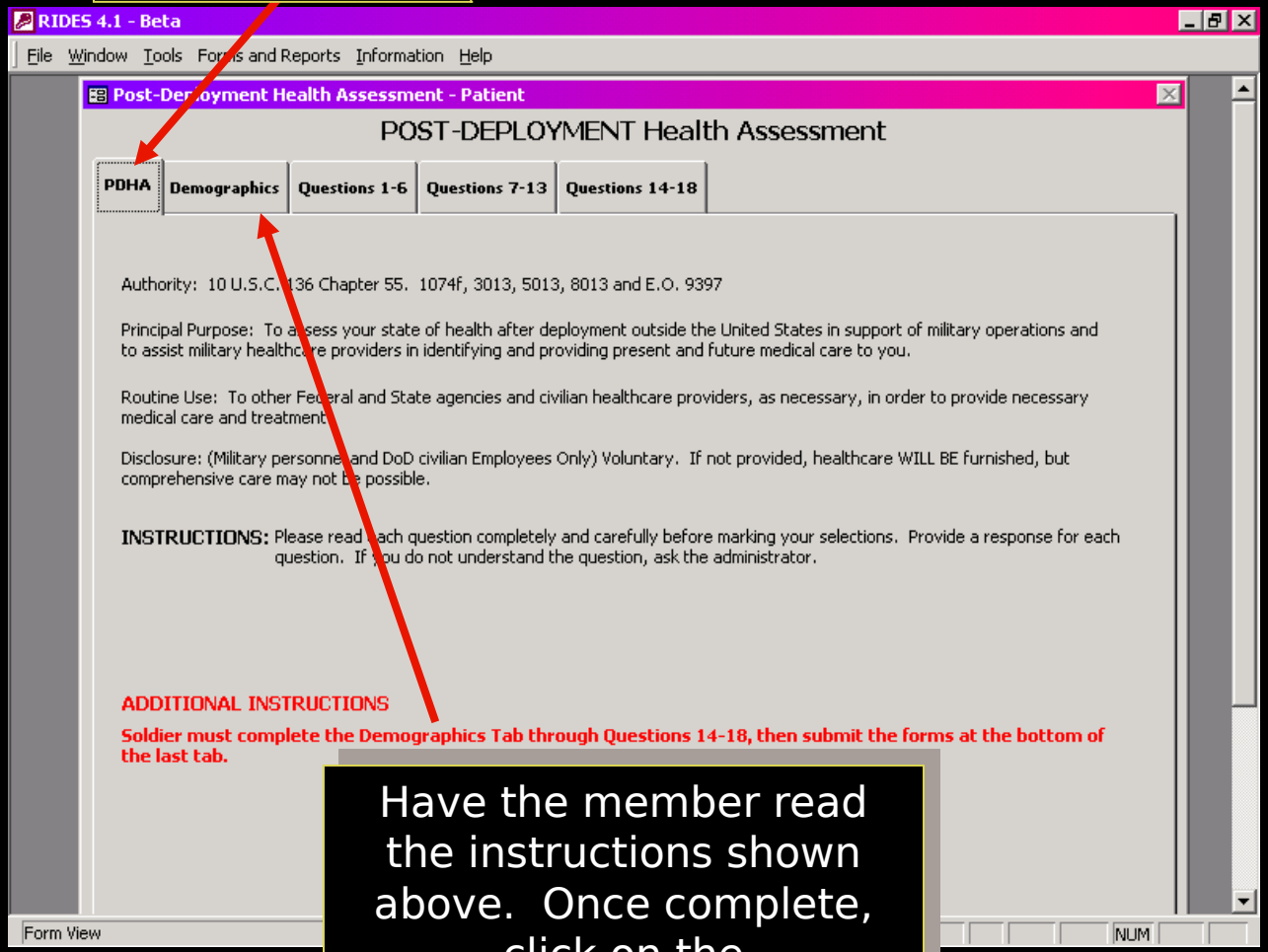
The user has the option of either scanning the member's identification card or manually entering the social security number



Click submit once the SSN is entered

Medic Training Accessing the Automated DD FORM 2796 – Tab # 1

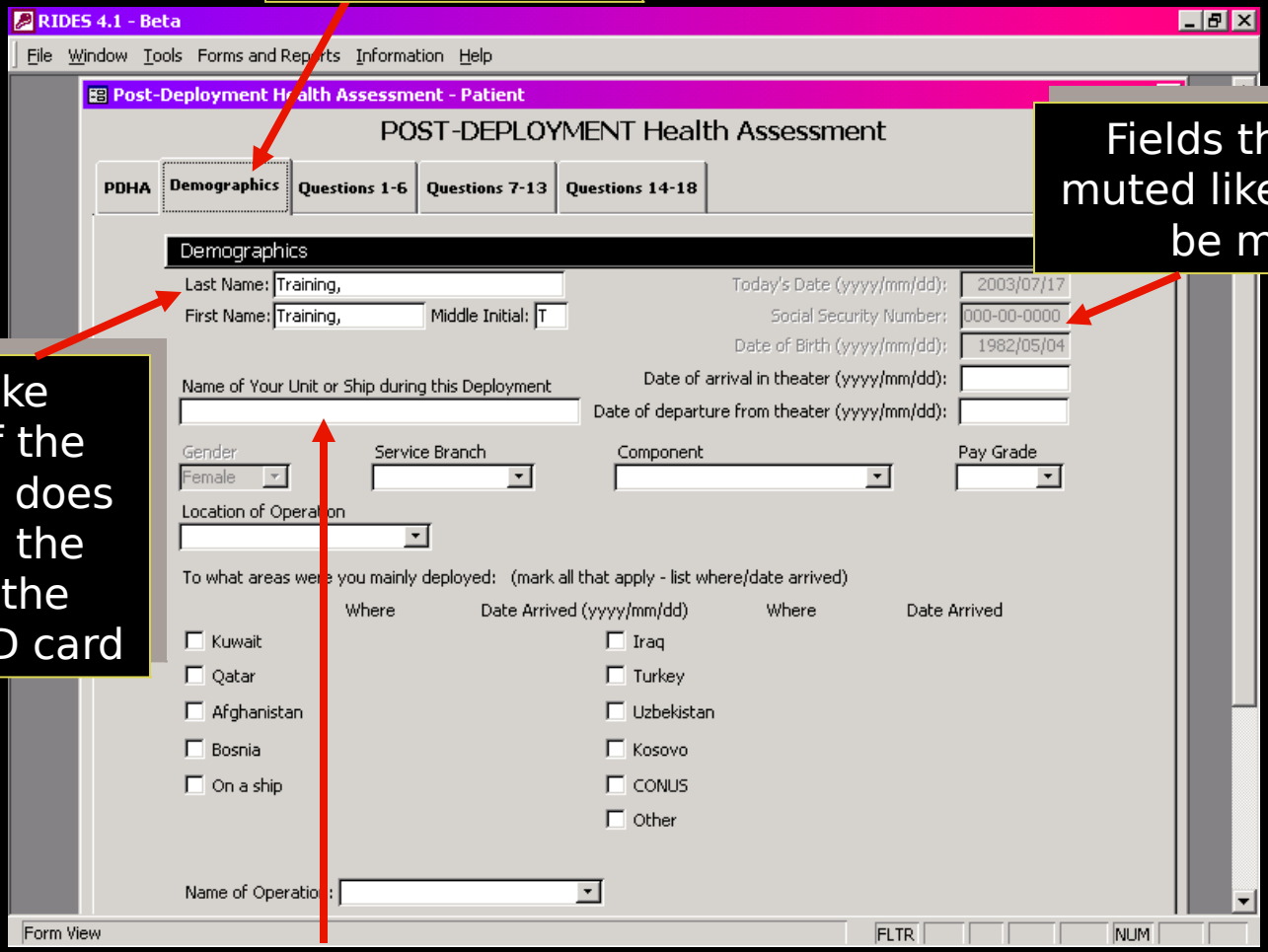
Tab #1


RIDES 4.1 - Beta
File Window Tools Forms and Reports Information Help
Post-Deployment Health Assessment - Patient
POST-DEPLOYMENT Health Assessment
PDHA
Demographics
Questions 1-6
Questions 7-13
Questions 14-18
Authority: 10 U.S.C. 136 Chapter 55. 1074f, 3013, 5013, 8013 and E.O. 9397
Principal Purpose: To assess your state of health after deployment outside the United States in support of military operations and to assist military healthcare providers in identifying and providing present and future medical care to you.
Routine Use: To other Federal and State agencies and civilian healthcare providers, as necessary, in order to provide necessary medical care and treatment
Disclosure: (Military personnel and DoD civilian Employees Only) Voluntary. If not provided, healthcare WILL BE furnished, but comprehensive care may not be possible.
INSTRUCTIONS: Please read each question completely and carefully before marking your selections. Provide a response for each question. If you do not understand the question, ask the administrator.
ADDITIONAL INSTRUCTIONS
Soldier must complete the Demographics Tab through Questions 14-18, then submit the forms at the bottom of the last tab.
Form View
NUM

Have the member read the instructions shown above. Once complete, click on the "Demographics" tab to begin the process of gathering information

Medic Training Accessing the Automated DD FORM 2796 – Tab # 2

Tab #2

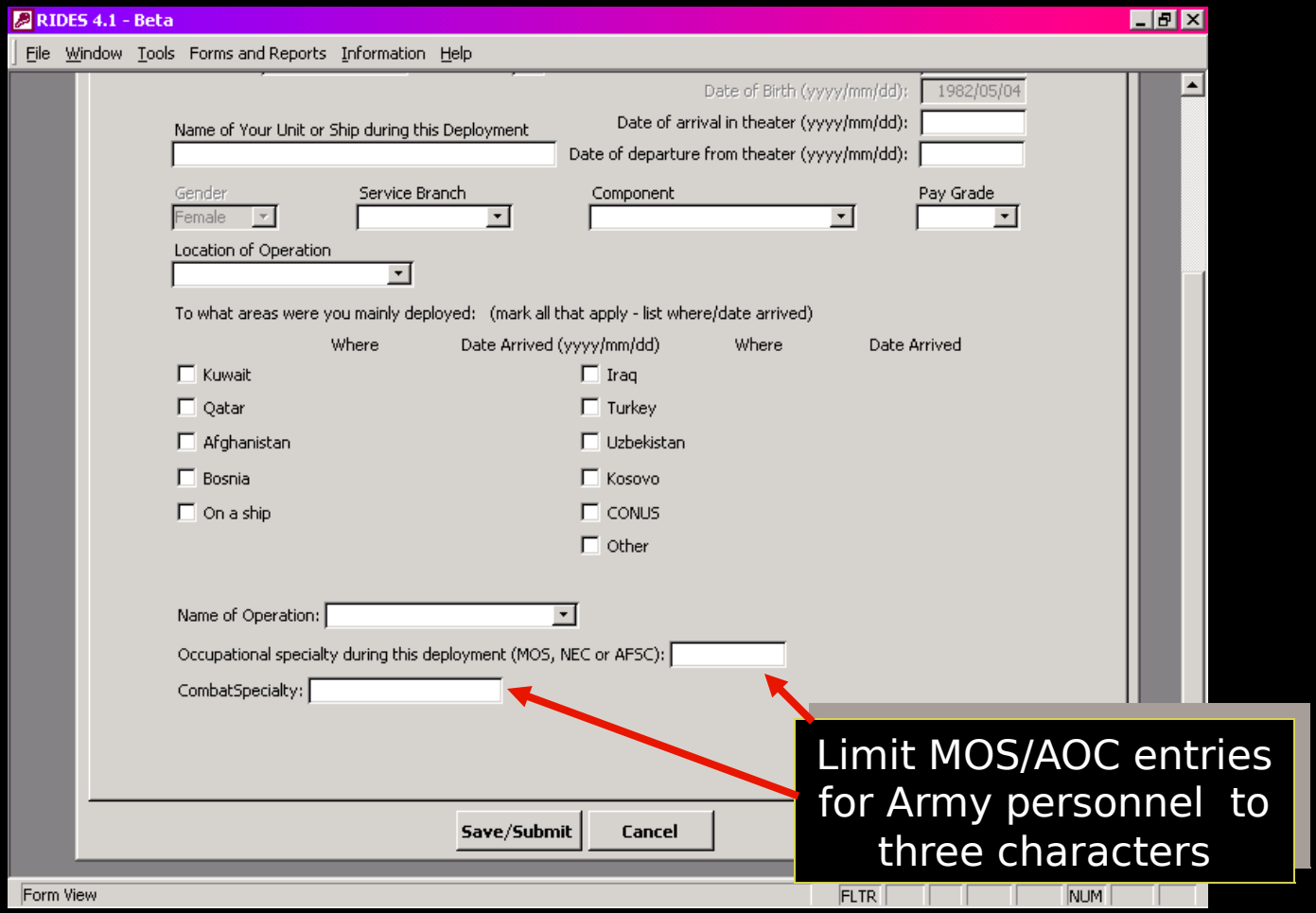


Fields that appear muted like this cannot be modified

Only make changes if the information does not match the name on the member's ID card

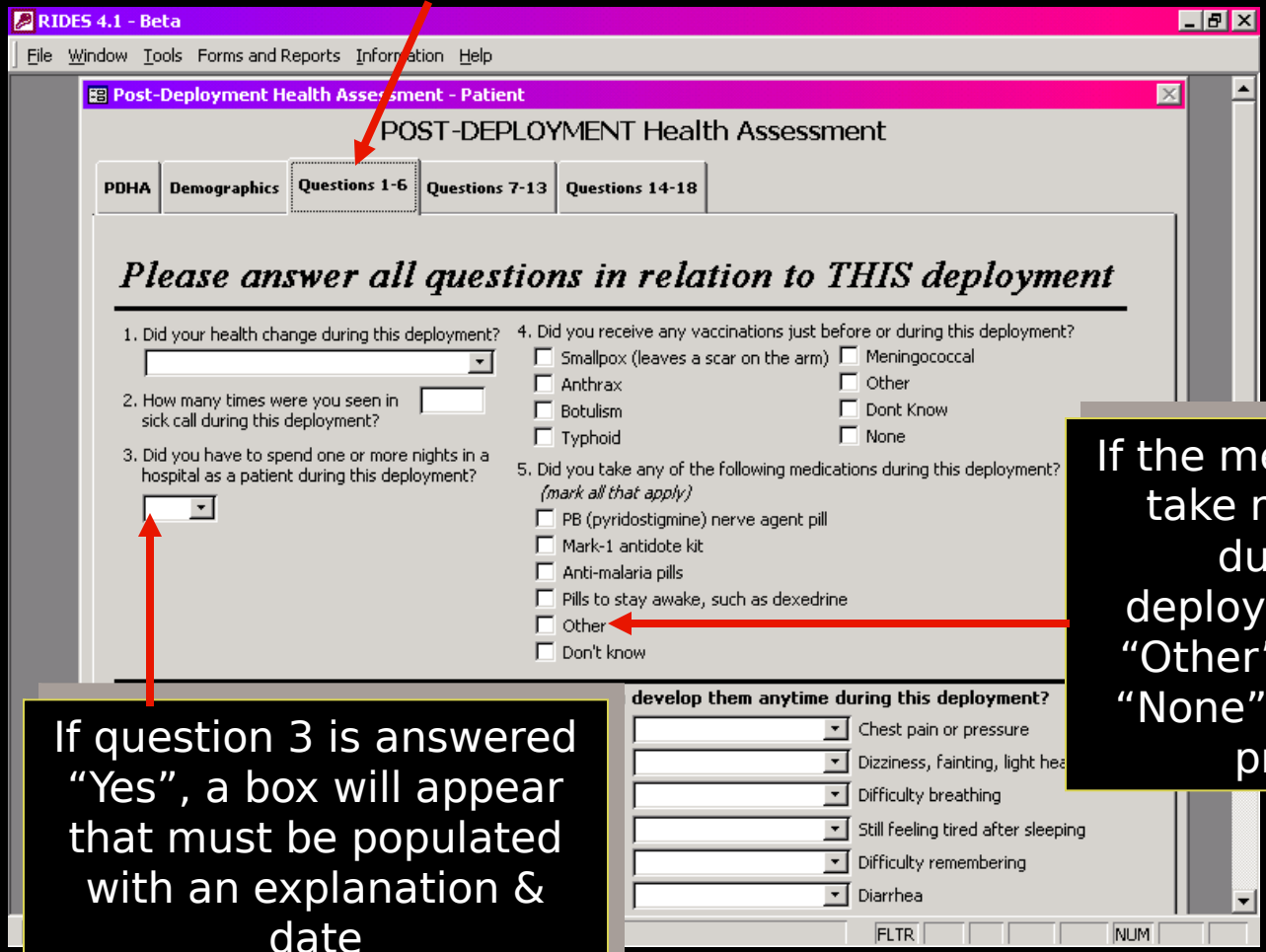
Free text entry field. Note: Correct spelling in any free text box is extremely important

Medic Training Accessing the Automated DD FORM 2796 – Tab # 2 (cont)



Medic Training Accessing the Automated DD FORM 2796 – Tab # 3

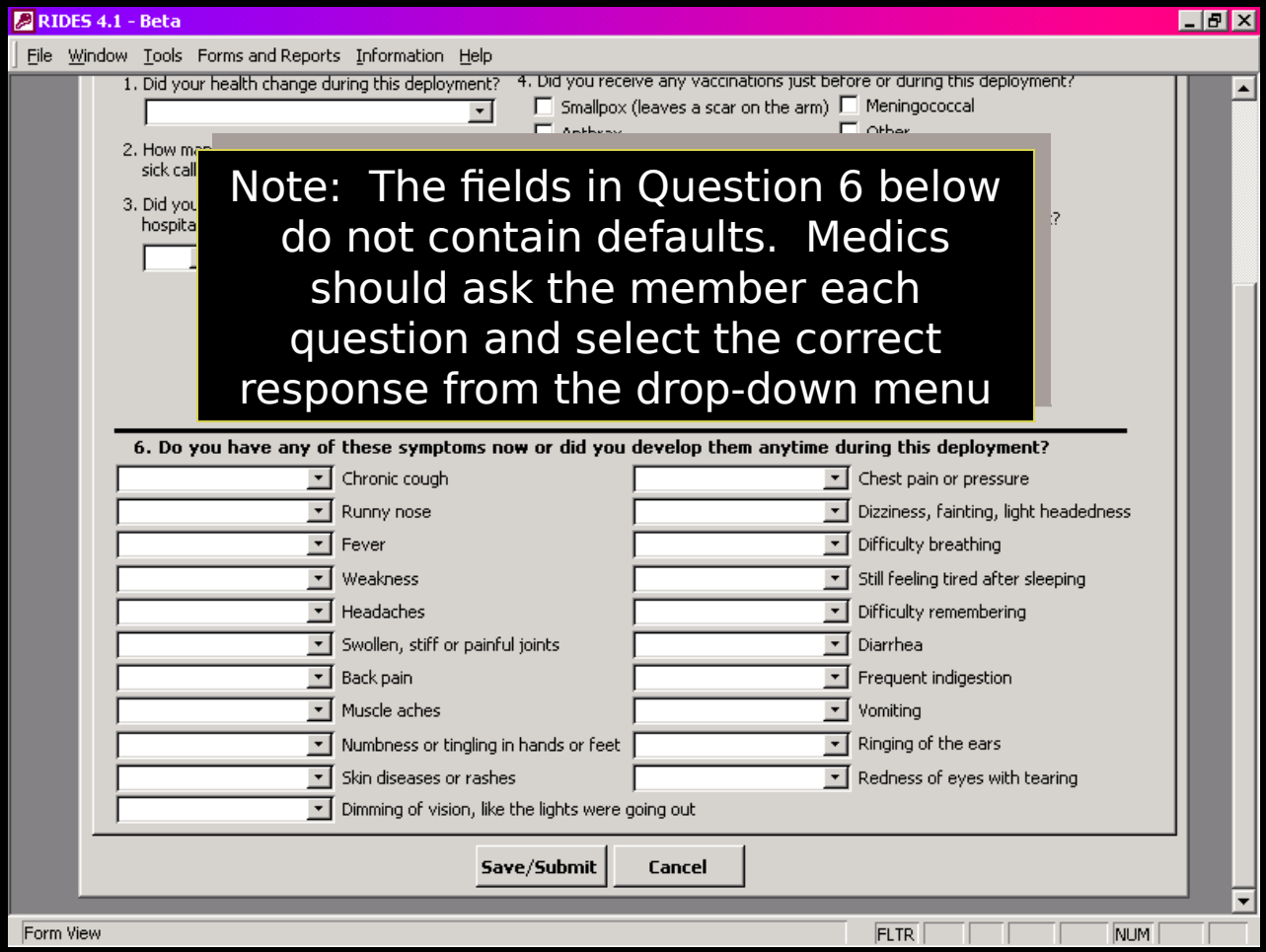
Tab #3


RIDES 4.1 - Beta
File Window Tools Forms and Reports Information Help
Post-Deployment Health Assessment - Patient
POST-DEPLOYMENT Health Assessment
PDHA
Demographics
Questions 1-6
Questions 7-13
Questions 14-18
Please answer all questions in relation to THIS deployment
1. Did your health change during this deployment?
2. How many times were you seen in sick call during this deployment?
3. Did you have to spend one or more nights in a hospital as a patient during this deployment?
4. Did you receive any vaccinations just before or during this deployment?
Smallpox (leaves a scar on the arm)
Anthrax
Botulism
Typhoid
Meningococcal
Other
Dont Know
None
5. Did you take any of the following medications during this deployment?
(mark all that apply)
PB (pyridostigmine) nerve agent pill
Mark-1 antidote kit
Anti-malaria pills
Pills to stay awake, such as dexedrine
Other
Don't know
develop them anytime during this deployment?
Chest pain or pressure
Dizziness, fainting, light hea
Difficulty breathing
Still feeling tired after sleeping
Difficulty remembering
Diarrhea
FLTR
NUM

If question 3 is answered "Yes", a box will appear that must be populated with an explanation & date

If the member did not take medications during the deployment, select "Other" and type in "None" in the space provided

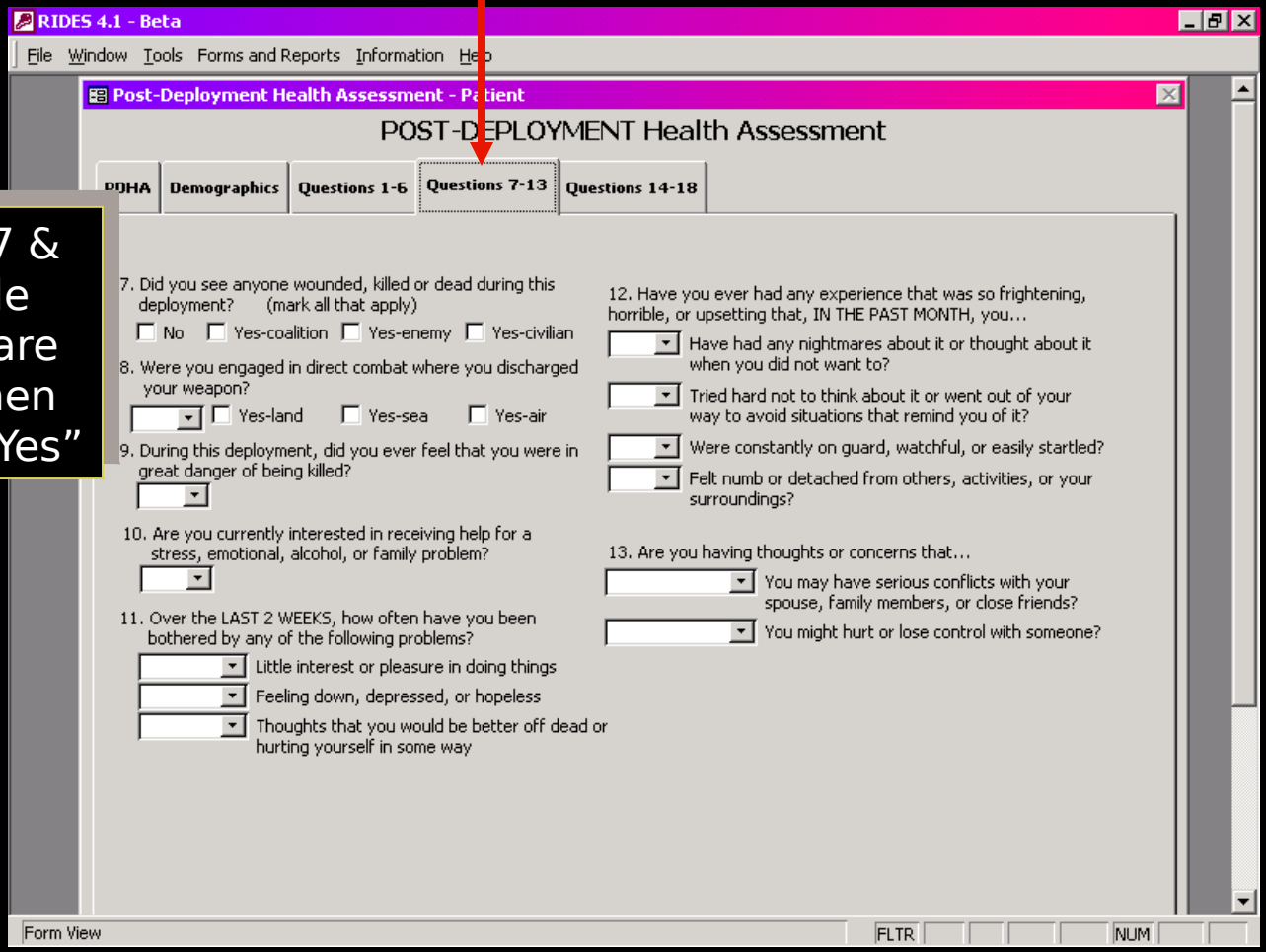
Medic Training Accessing the Automated DD FORM 2796 – Tab # 3 (cont)


RIDES 4.1 - Beta
File Window Tools Forms and Reports Information Help
1. Did your health change during this deployment?
4. Did you receive any vaccinations just before or during this deployment?
Smallpox (leaves a scar on the arm)
Meningococcal
Note: The fields in Question 6 below do not contain defaults. Medics should ask the member each question and select the correct response from the drop-down menu
6. Do you have any of these symptoms now or did you develop them anytime during this deployment?
Chronic cough
Runny nose
Fever
Weakness
Headaches
Swollen, stiff or painful joints
Back pain
Muscle aches
Numbness or tingling in hands or feet
Skin diseases or rashes
Dimming of vision, like the lights were going out
Chest pain or pressure
Dizziness, fainting, light headedness
Difficulty breathing
Still feeling tired after sleeping
Difficulty remembering
Diarrhea
Frequent indigestion
Vomiting
Ringing of the ears
Redness of eyes with tearing
Save/Submit
Cancel
Form View
FLTR
NUM

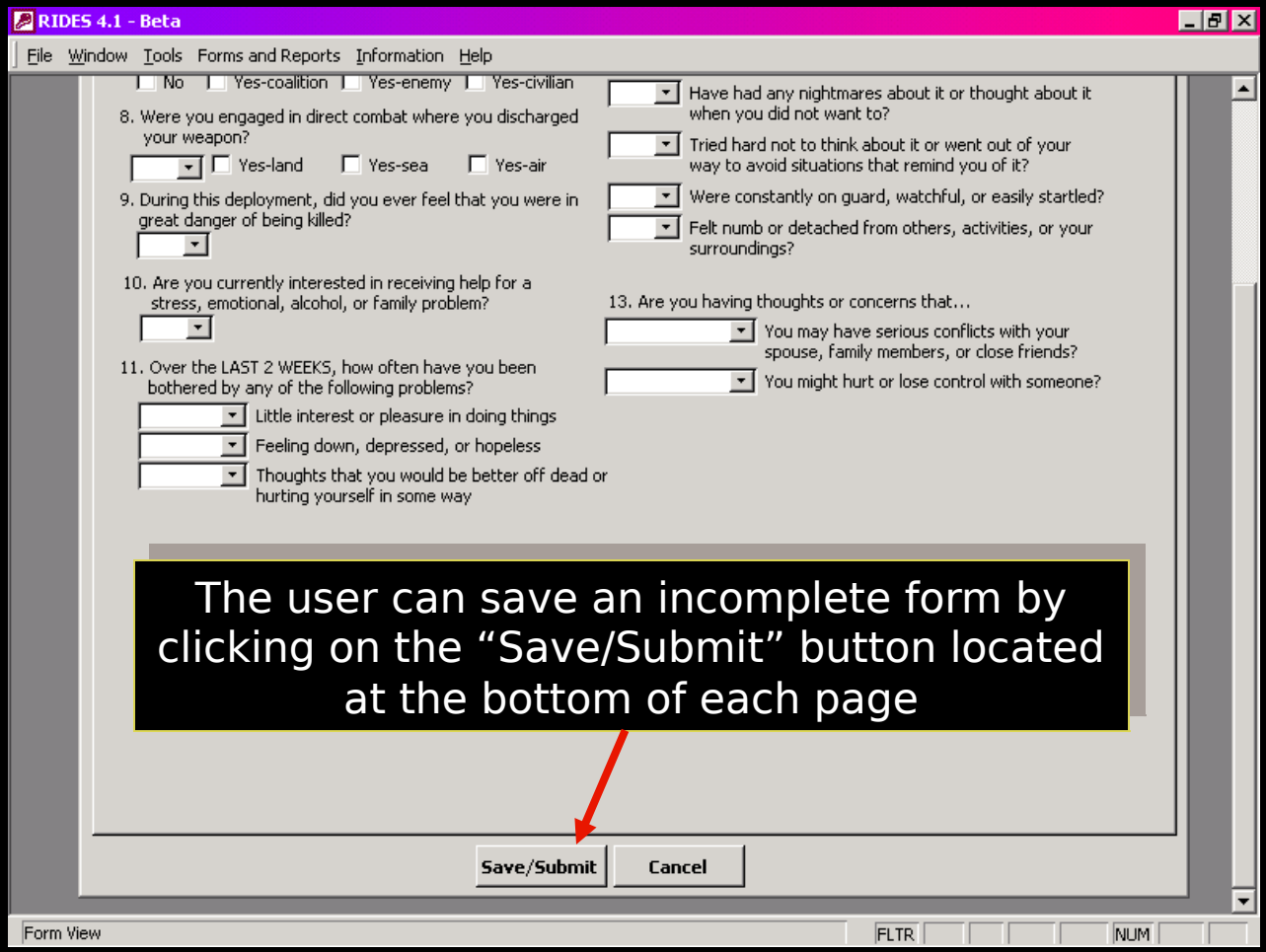
Medic Training Accessing the Automated DD FORM 2796 – Tab # 4

Tab #4

Questions 7 & 8: Multiple selections are allowed when answering “Yes”

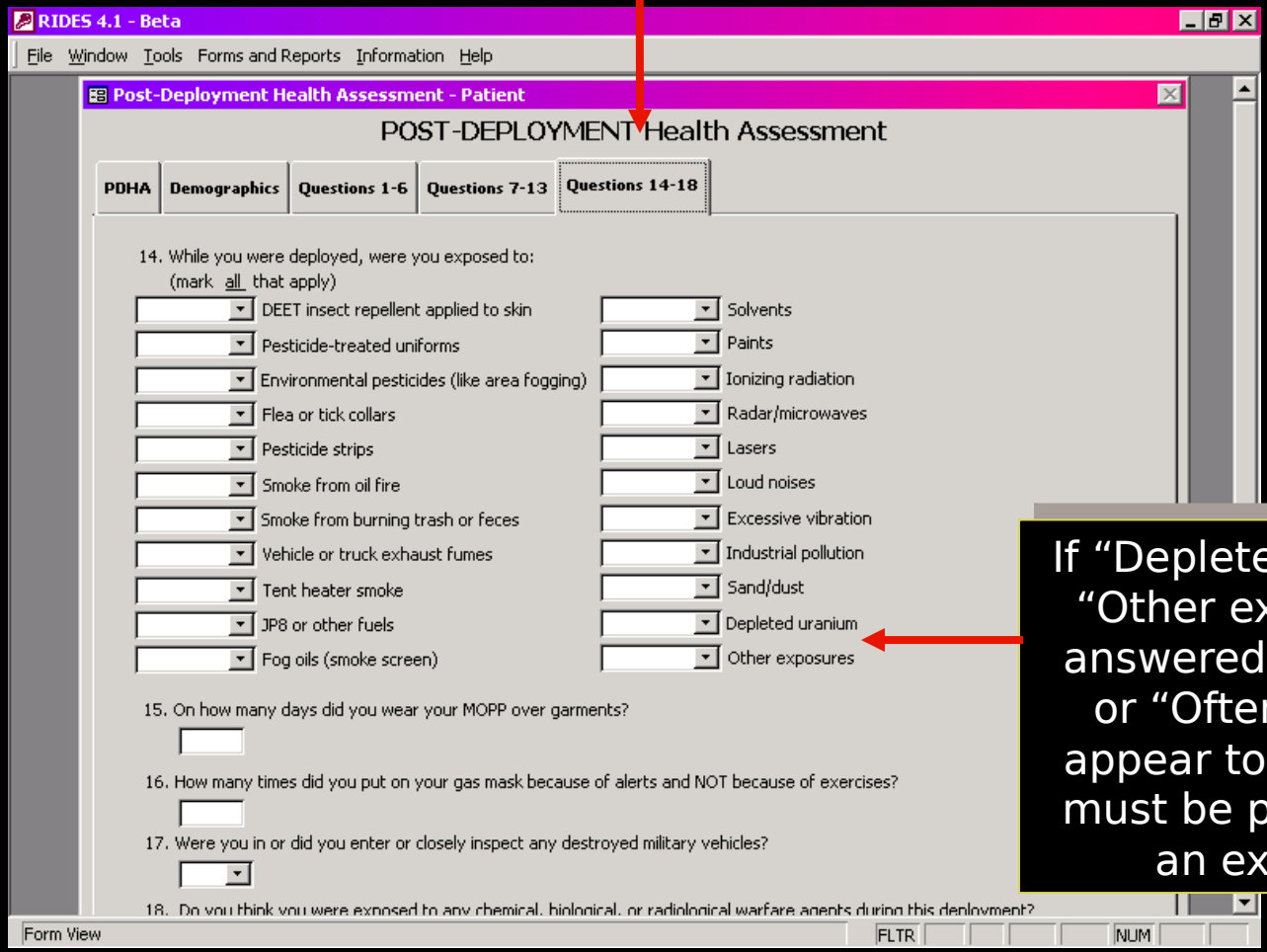

RIDES 4.1 - Beta
File Window Tools Forms and Reports Information Help
Post-Deployment Health Assessment - Patient
POST-DEPLOYMENT Health Assessment
PDHA
Demographics
Questions 1-6
Questions 7-13
Questions 14-18
7. Did you see anyone wounded, killed or dead during this deployment? (mark all that apply)
No
Yes-coalition
Yes-enemy
Yes-civilian
8. Were you engaged in direct combat where you discharged your weapon?
Yes-land
Yes-sea
Yes-air
9. During this deployment, did you ever feel that you were in great danger of being killed?
10. Are you currently interested in receiving help for a stress, emotional, alcohol, or family problem?
11. Over the LAST 2 WEEKS, how often have you been bothered by any of the following problems?
Little interest or pleasure in doing things
Feeling down, depressed, or hopeless
Thoughts that you would be better off dead or hurting yourself in some way
12. Have you ever had any experience that was so frightening, horrible, or upsetting that, IN THE PAST MONTH, you...
Have had any nightmares about it or thought about it when you did not want to?
Tried hard not to think about it or went out of your way to avoid situations that remind you of it?
Were constantly on guard, watchful, or easily startled?
Felt numb or detached from others, activities, or your surroundings?
13. Are you having thoughts or concerns that...
You may have serious conflicts with your spouse, family members, or close friends?
You might hurt or lose control with someone?
Form View
FLTR
NUM

Medic Training Accessing the Automated DD FORM 2796 – Tab # 4 (cont)


RIDES 4.1 - Beta
File Window Tools Forms and Reports Information Help
No Yes-coalition Yes-enemy Yes-civilian
8. Were you engaged in direct combat where you discharged your weapon?
Yes-land Yes-sea Yes-air
9. During this deployment, did you ever feel that you were in great danger of being killed?
10. Are you currently interested in receiving help for a stress, emotional, alcohol, or family problem?
11. Over the LAST 2 WEEKS, how often have you been bothered by any of the following problems?
Little interest or pleasure in doing things
Feeling down, depressed, or hopeless
Thoughts that you would be better off dead or hurting yourself in some way
Have had any nightmares about it or thought about it when you did not want to?
Tried hard not to think about it or went out of your way to avoid situations that remind you of it?
Were constantly on guard, watchful, or easily startled?
Felt numb or detached from others, activities, or your surroundings?
13. Are you having thoughts or concerns that...
You may have serious conflicts with your spouse, family members, or close friends?
You might hurt or lose control with someone?
The user can save an incomplete form by clicking on the “Save/Submit” button located at the bottom of each page
Save/Submit
Cancel
Form View
FLTR
NUM

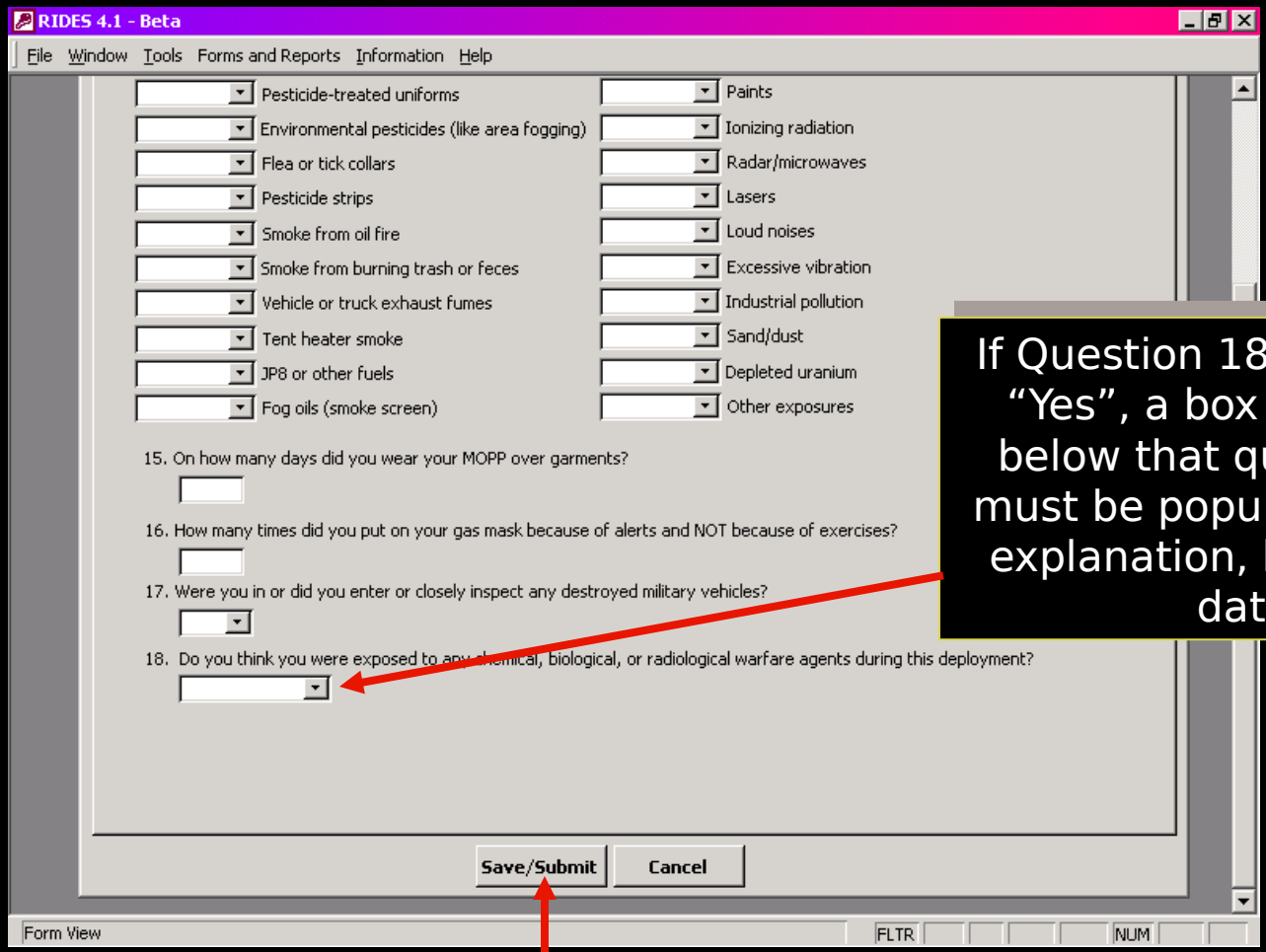
Medic Training Accessing the Automated DD FORM 2796 – Tab # 5

Tab #5


RIDES 4.1 - Beta
File Window Tools Forms and Reports Information Help
Post-Deployment Health Assessment - Patient
POST-DEPLOYMENT Health Assessment
PDHA
Demographics
Questions 1-6
Questions 7-13
Questions 14-18
14. While you were deployed, were you exposed to:
(mark all that apply)
DEET insect repellent applied to skin
Pesticide-treated uniforms
Environmental pesticides (like area fogging)
Flea or tick collars
Pesticide strips
Smoke from oil fire
Smoke from burning trash or feces
Vehicle or truck exhaust fumes
Tent heater smoke
JP8 or other fuels
Fog oils (smoke screen)
Solvents
Paints
Ionizing radiation
Radar/microwaves
Lasers
Loud noises
Excessive vibration
Industrial pollution
Sand/dust
Depleted uranium
Other exposures
15. On how many days did you wear your MOPP over garments?
16. How many times did you put on your gas mask because of alerts and NOT because of exercises?
17. Were you in or did you enter or closely inspect any destroyed military vehicles?
18. Do you think you were exposed to any chemical, biological, or radiological warfare agents during this deployment?
Form View
FLTR
NUM

If “Depleted uranium” or “Other exposures” are answered “Sometimes” or “Often”, a box will appear to the right that must be populated with an explanation

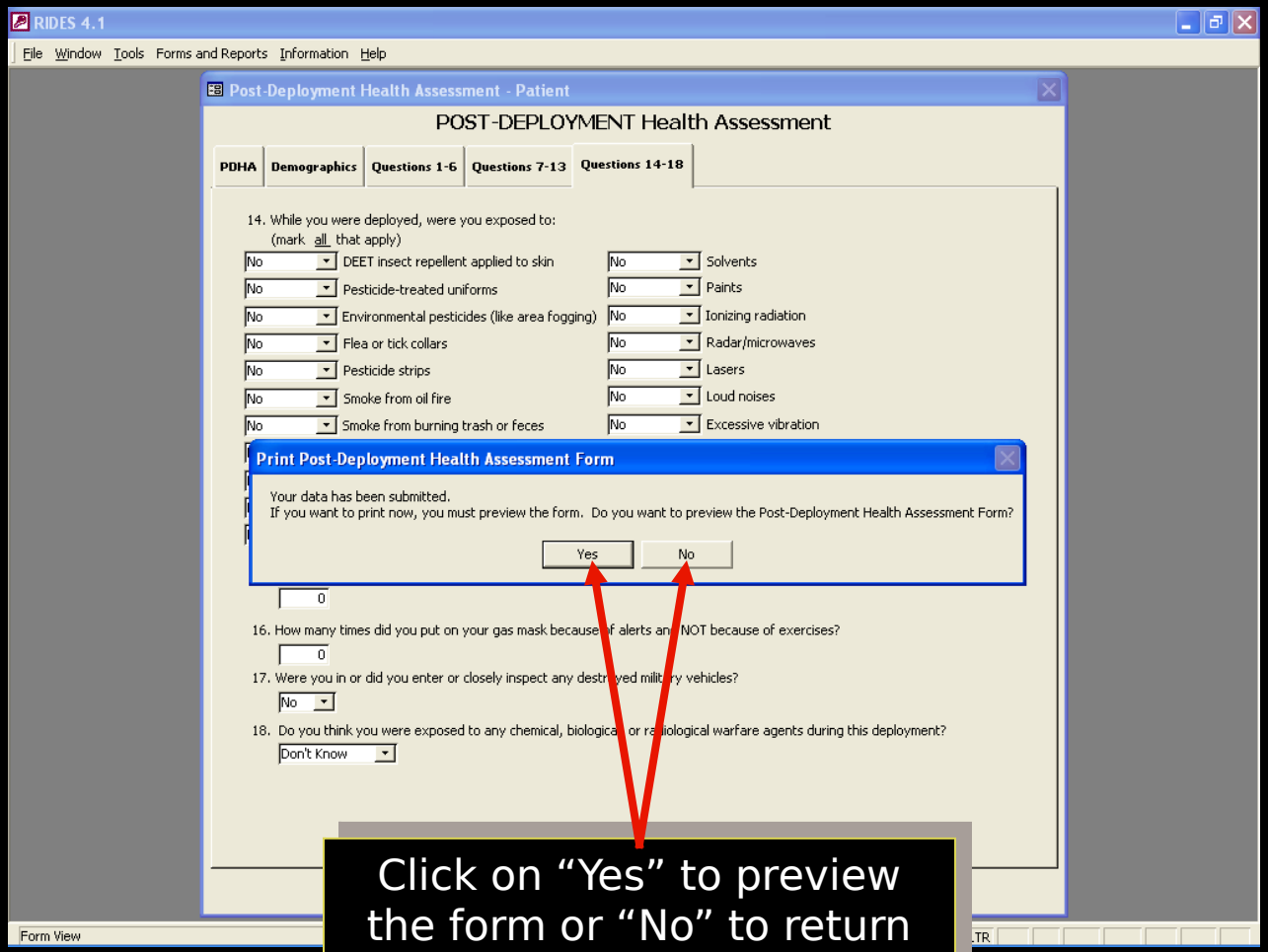
Medic Training Accessing the Automated DD FORM 2796 – Tab # 5 (cont)


RIDES 4.1 - Beta
File Window Tools Forms and Reports Information Help
Pesticide-treated uniforms
Environmental pesticides (like area fogging)
Flea or tick collars
Pesticide strips
Smoke from oil fire
Smoke from burning trash or feces
Vehicle or truck exhaust fumes
Tent heater smoke
JP8 or other fuels
Fog oils (smoke screen)
Paints
Ionizing radiation
Radar/microwaves
Lasers
Loud noises
Excessive vibration
Industrial pollution
Sand/dust
Depleted uranium
Other exposures
15. On how many days did you wear your MOPP over garments?
16. How many times did you put on your gas mask because of alerts and NOT because of exercises?
17. Were you in or did you enter or closely inspect any destroyed military vehicles?
18. Do you think you were exposed to any chemical, biological, or radiological warfare agents during this deployment?
Save/Submit
Cancel
Form View
FLTR
NUM

If Question 18 is answered "Yes", a box will appear below that question that must be populated with an explanation, location and dates

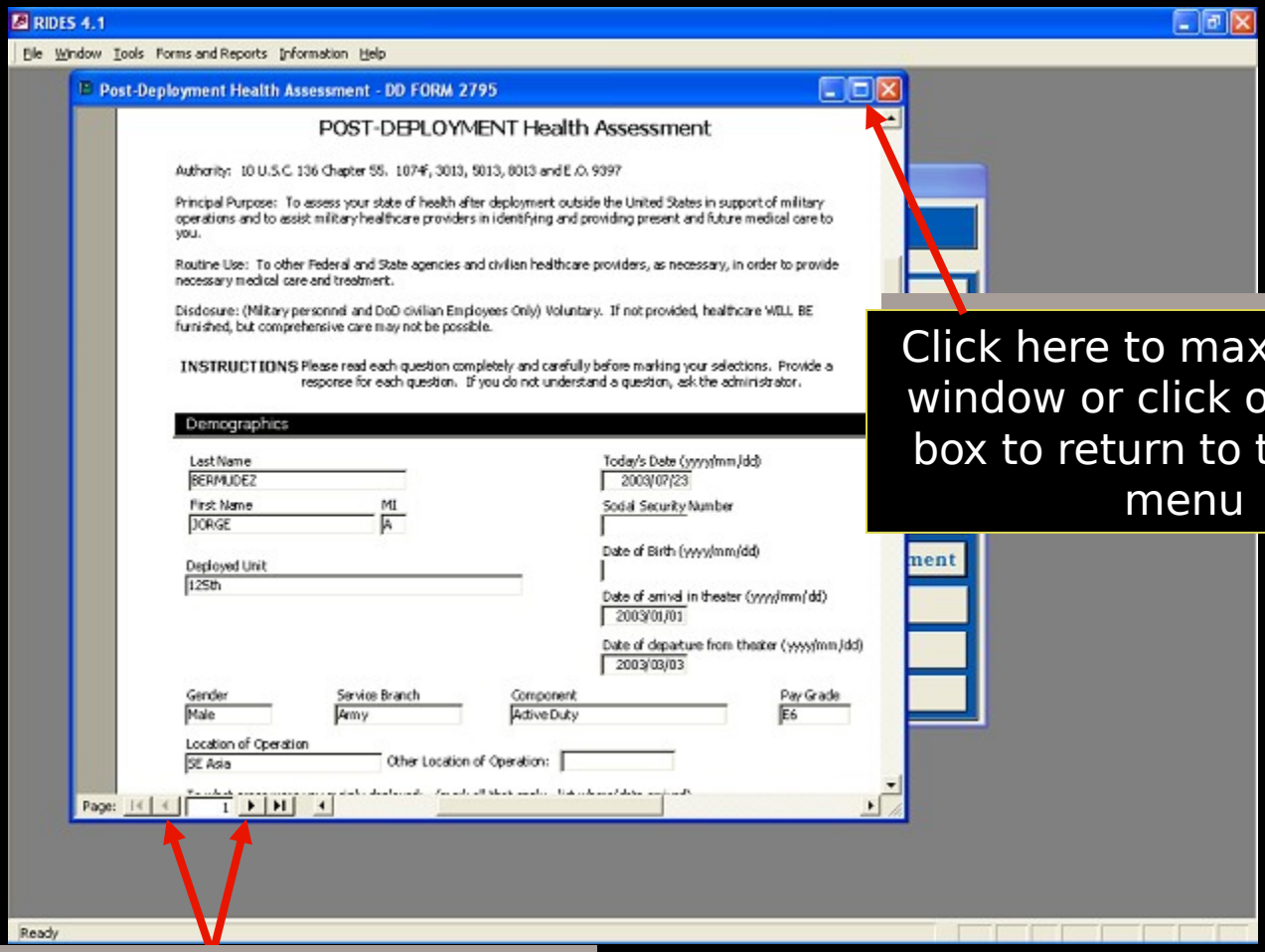
Once all the information is entered, click

Medic Training Previewing the Automated DD FORM 2796


RIDES 4.1
File Window Tools Forms and Reports Information Help
Post-Deployment Health Assessment - Patient
POST-DEPLOYMENT Health Assessment
PDHA
Demographics
Questions 1-6
Questions 7-13
Questions 14-18
14. While you were deployed, were you exposed to:
(mark all that apply)
No DEET insect repellent applied to skin
No Pesticide-treated uniforms
No Environmental pesticides (like area fogging)
No Flea or tick collars
No Pesticide strips
No Smoke from oil fire
No Smoke from burning trash or feces
No Solvents
No Paints
No Ionizing radiation
No Radar/microwaves
No Lasers
No Loud noises
No Excessive vibration
Print Post-Deployment Health Assessment Form
Your data has been submitted.
If you want to print now, you must preview the form. Do you want to preview the Post-Deployment Health Assessment Form?
Yes
No
16. How many times did you put on your gas mask because of alerts and NOT because of exercises?
17. Were you in or did you enter or closely inspect any destroyed military vehicles?
18. Do you think you were exposed to any chemical, biological or radiological warfare agents during this deployment?
Don't Know
Form View

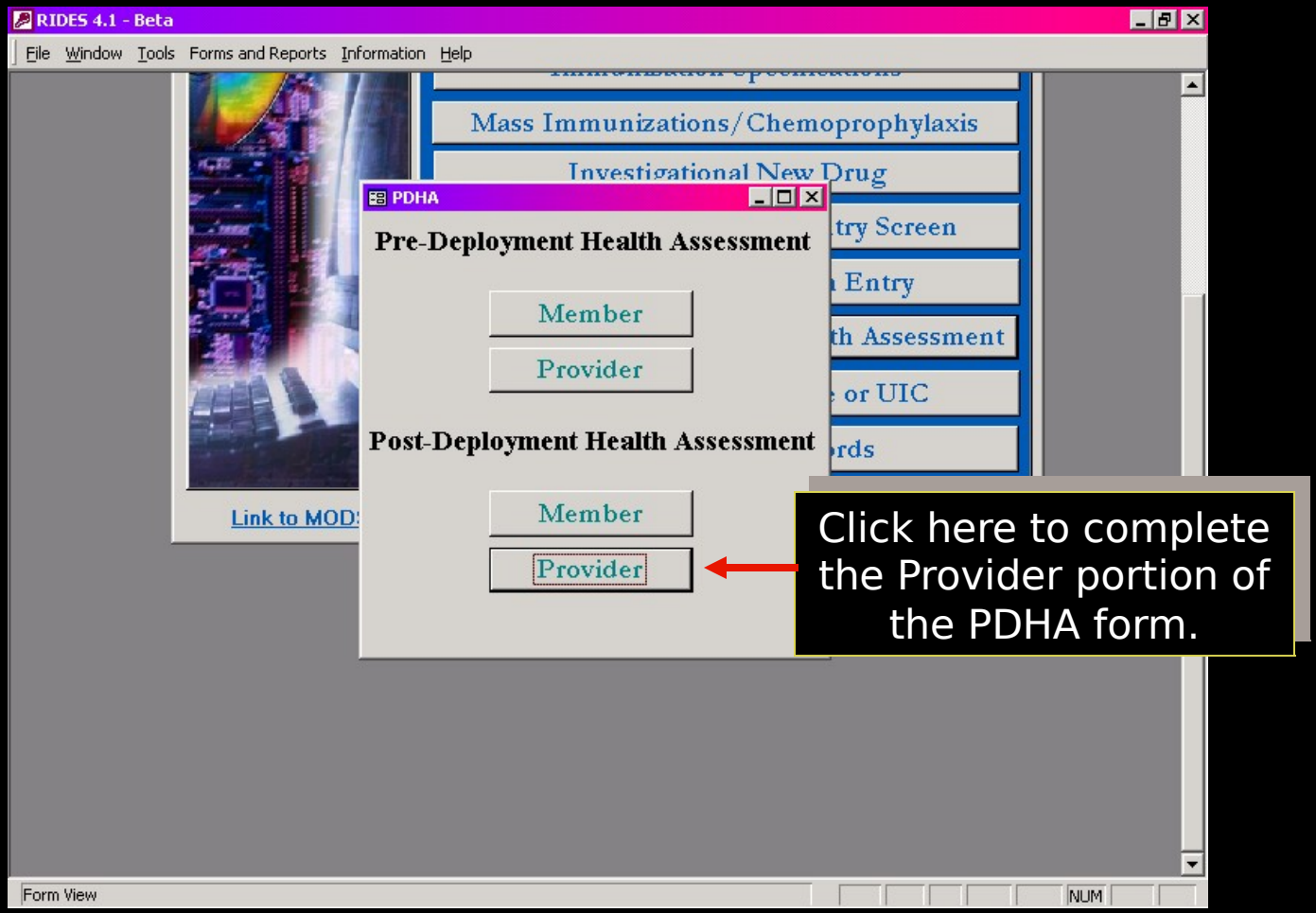
Click on “Yes” to preview the form or “No” to return to the PDHA menu

Medic Training Previewing the Automated DD FORM 2796 (cont)

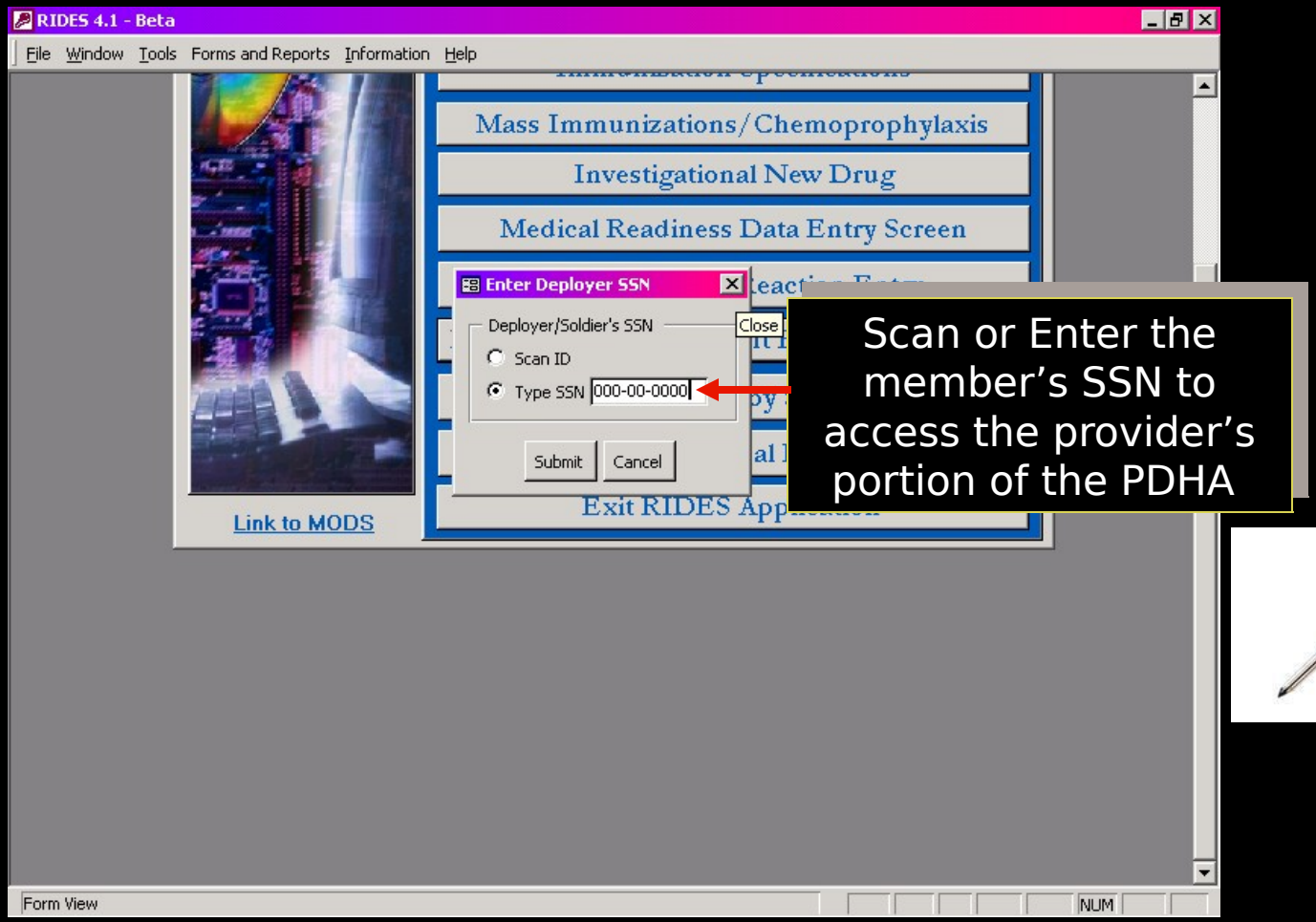

RIDES 4.1
File Window Tools Forms and Reports Information Help
Post-Deployment Health Assessment - DD FORM 2795
POST-DEPLOYMENT Health Assessment
Authority: 10 U.S.C. 136 Chapter 55. 1074f, 3013, 5013, 8013 and E.O. 9397
Principal Purpose: To assess your state of health after deployment outside the United States in support of military operations and to assist military healthcare providers in identifying and providing present and future medical care to you.
Routine Use: To other Federal and State agencies and civilian healthcare providers, as necessary, in order to provide necessary medical care and treatment.
Disclosure: (Military personnel and DoD civilian Employees Only) Voluntary. If not provided, healthcare WILL BE furnished, but comprehensive care may not be possible.
INSTRUCTIONS Please read each question completely and carefully before marking your selections. Provide a response for each question. If you do not understand a question, ask the administrator.
Demographics
Last Name
BERMUDEZ
First Name
JORGE
MI
A
Deployed Unit
12Sth
Today's Date (yyyy/mm/dd)
2003/07/23
Social Security Number
Date of Birth (yyyy/mm/dd)
Date of arrival in theater (yyyy/mm/dd)
2003/01/01
Date of departure from theater (yyyy/mm/dd)
2003/03/03
Gender
Male
Service Branch
Army
Component
Active Duty
Pay Grade
E6
Location of Operation
SE Asia
Other Location of Operation:
Page:
1
Ready
Click here to maximize the window or click on the red box to return to the PDHA menu
Click here to go to the next page or to return to the

Provider Training

Provider Training Accessing the Automated DD FORM 2796



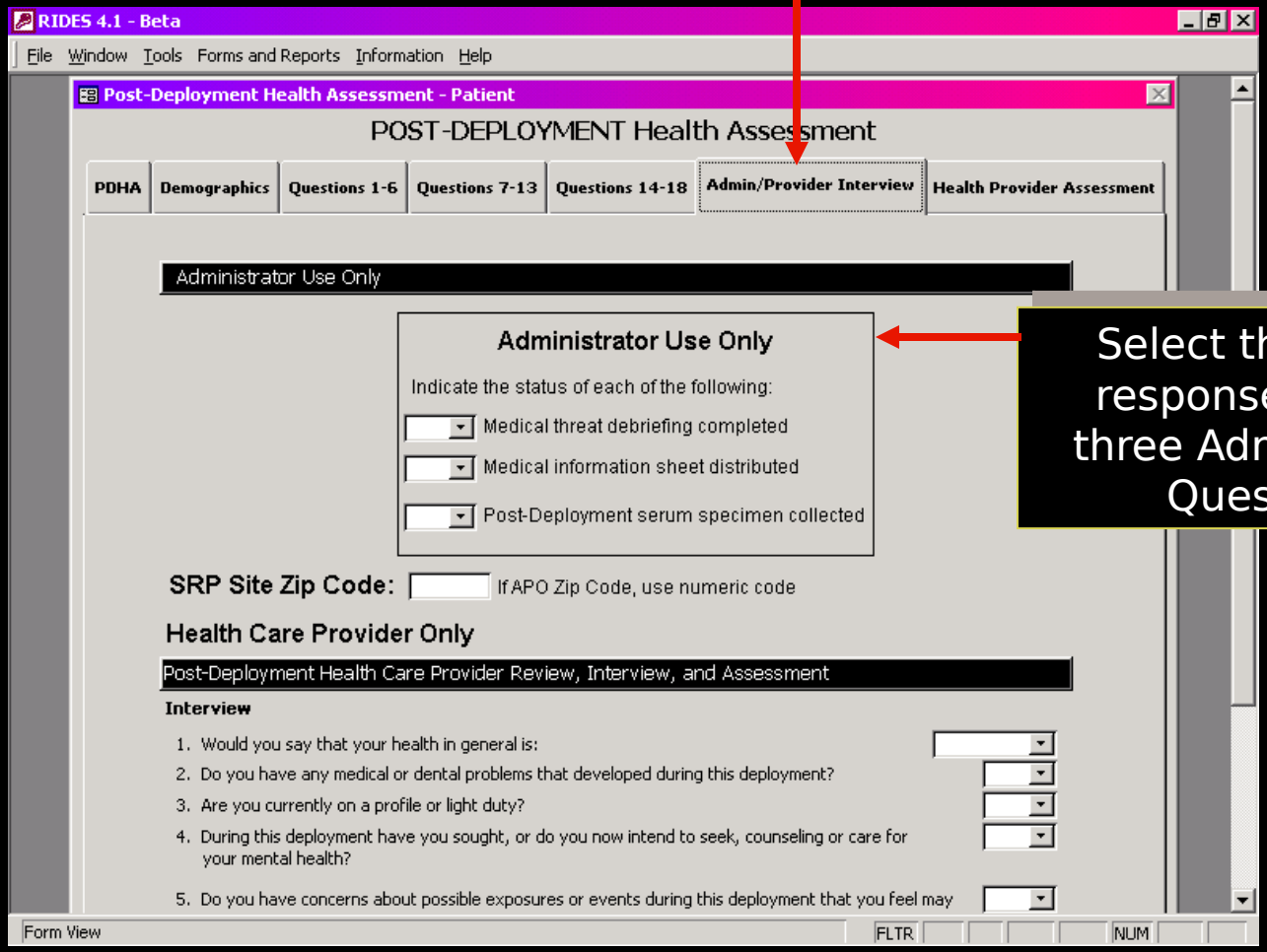
Provider Training Accessing the Automated DD FORM 2796 (cont)



Scan or Enter the member's SSN to access the provider's portion of the PDHA

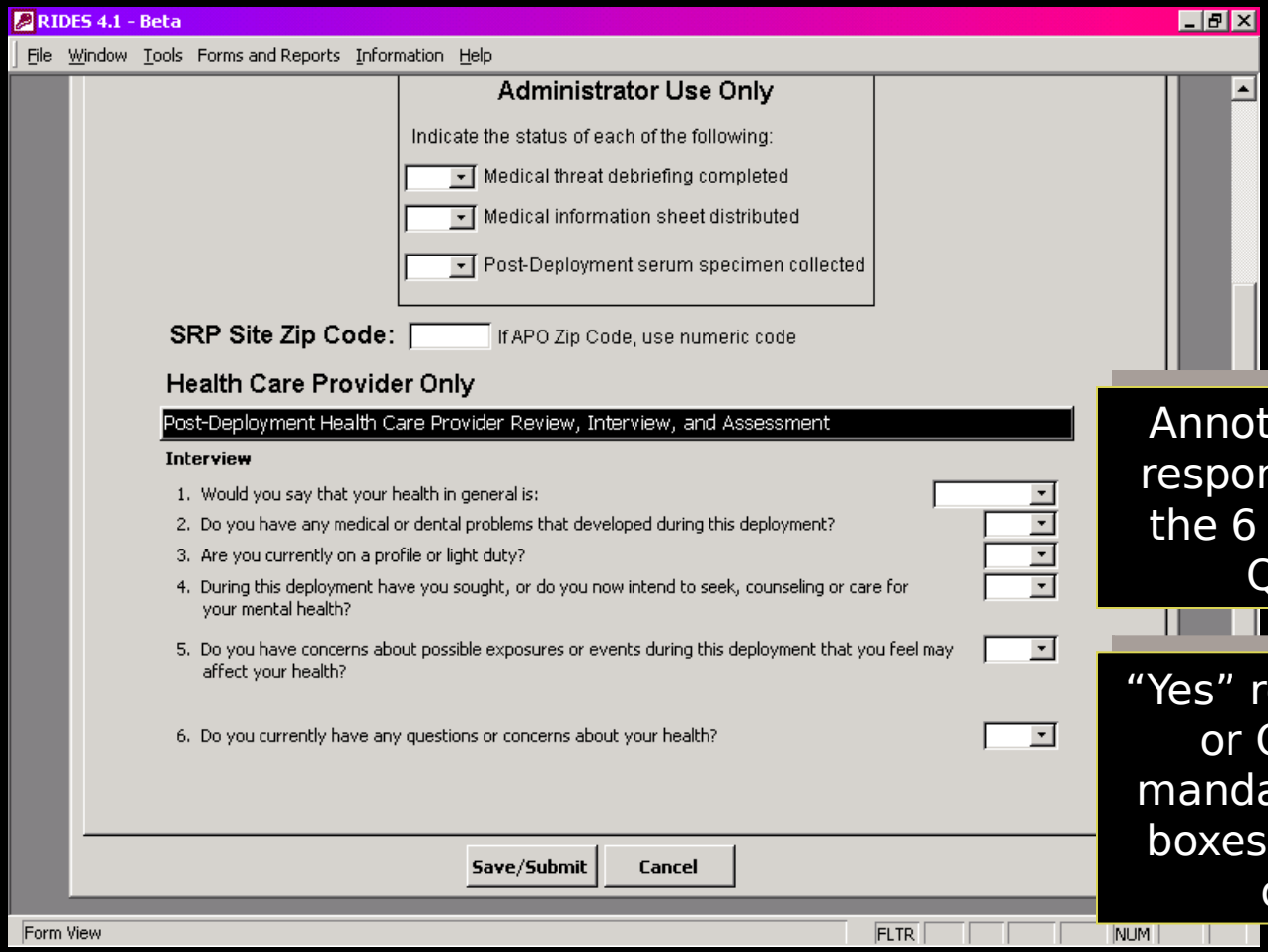
Provider Training Admin / Provider Interview
DD FORM 2796 – Tab # 6

Tab #6


RIDES 4.1 - Beta
File Window Tools Forms and Reports Information Help
Post-Deployment Health Assessment - Patient
POST-DEPLOYMENT Health Assessment
PDHA
Demographics
Questions 1-6
Questions 7-13
Questions 14-18
Admin/Provider Interview
Health Provider Assessment
Administrator Use Only
Administrator Use Only
Indicate the status of each of the following:
Medical threat debriefing completed
Medical information sheet distributed
Post-Deployment serum specimen collected
SRP Site Zip Code:
If APO Zip Code, use numeric code
Health Care Provider Only
Post-Deployment Health Care Provider Review, Interview, and Assessment
Interview
1. Would you say that your health in general is:
2. Do you have any medical or dental problems that developed during this deployment?
3. Are you currently on a profile or light duty?
4. During this deployment have you sought, or do you now intend to seek, counseling or care for your mental health?
5. Do you have concerns about possible exposures or events during this deployment that you feel may
Form View
FLTR
NUM

Select the proper responses for the three Administrator Questions

Provider Training Admin / Provider Interview
DD FORM 2796 – Tab # 6 (cont)

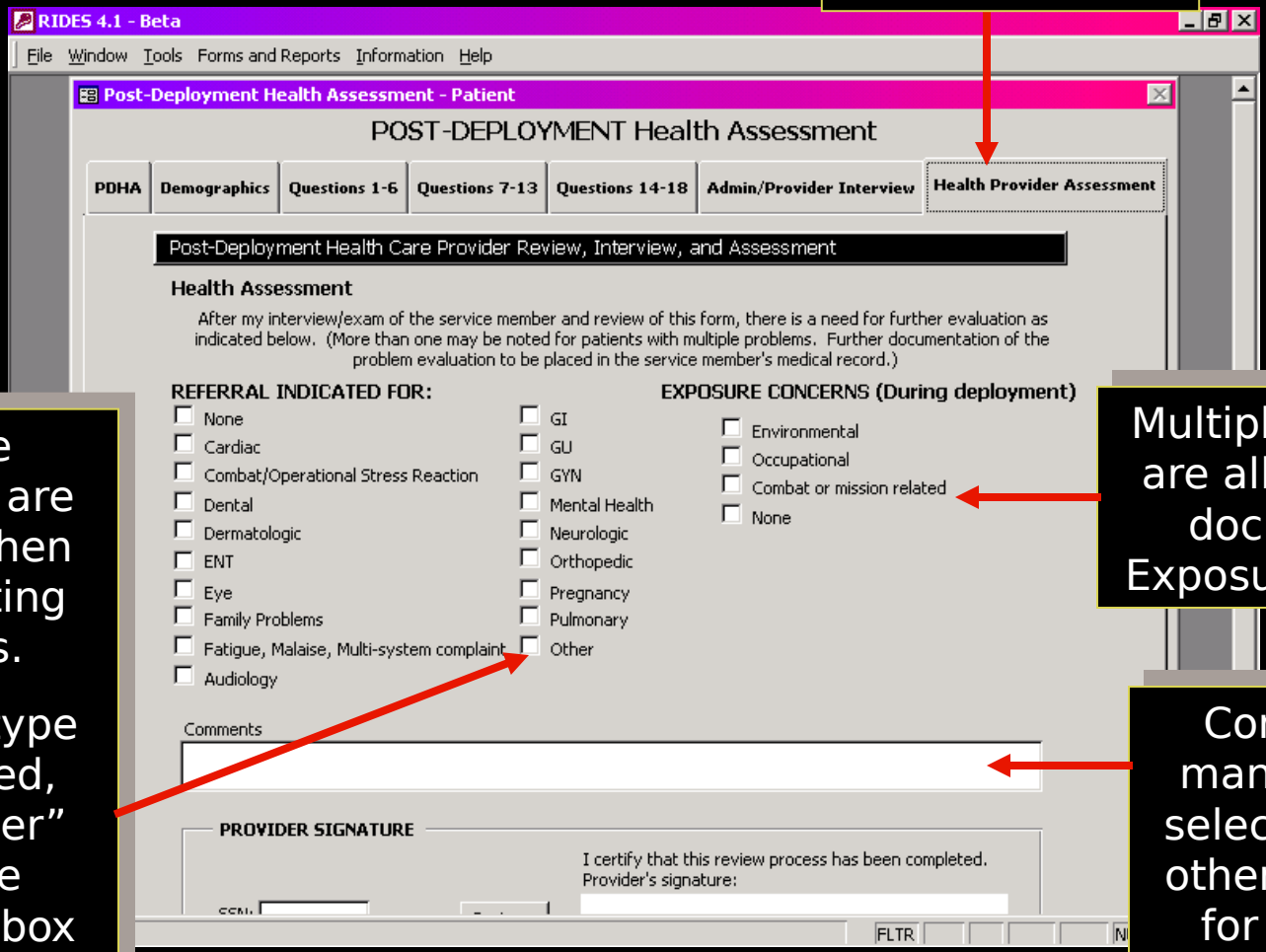

RIDES 4.1 - Beta
File Window Tools Forms and Reports Information Help
Administrator Use Only
Indicate the status of each of the following:
Medical threat debriefing completed
Medical information sheet distributed
Post-Deployment serum specimen collected
SRP Site Zip Code:
If APO Zip Code, use numeric code
Health Care Provider Only
Post-Deployment Health Care Provider Review, Interview, and Assessment
Interview
1. Would you say that your health in general is:
2. Do you have any medical or dental problems that developed during this deployment?
3. Are you currently on a profile or light duty?
4. During this deployment have you sought, or do you now intend to seek, counseling or care for your mental health?
5. Do you have concerns about possible exposures or events during this deployment that you feel may affect your health?
6. Do you currently have any questions or concerns about your health?
Save/Submit
Cancel
Form View
FLTR
NUM

Annotate member's responses to each of the 6 HCP Interview Questions

"Yes" responses to Q5 or Q6 will open mandatory comment boxes beneath each question

Provider Training HCP Assessment DD FORM 2796 – Tab # 7

Tab #7



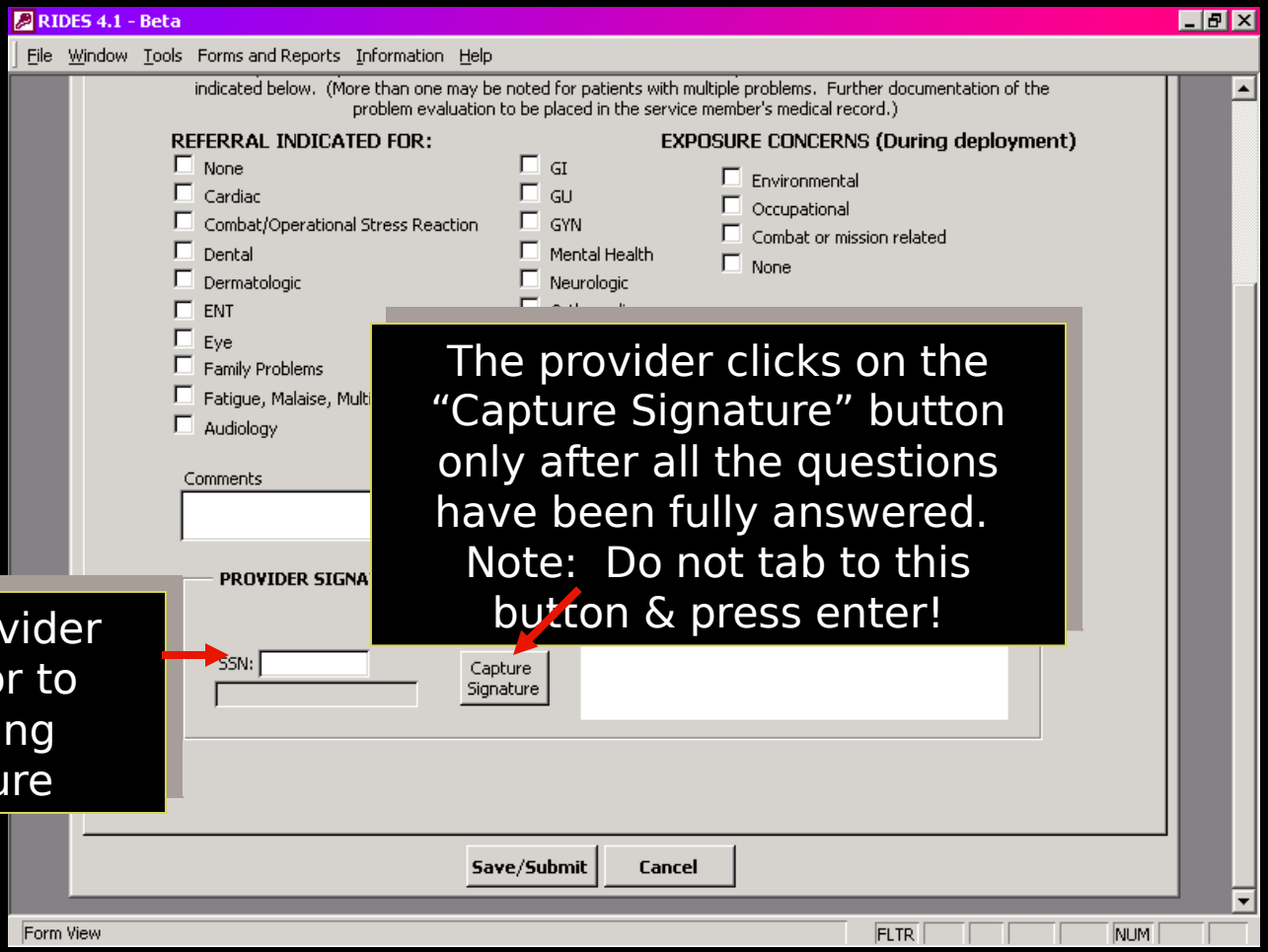
Multiple selections are allowed when documenting referrals.

If consult type is not listed, check “other” and type referral in box that will appear

Multiple selections are allowed when documenting Exposure Concerns

Comments are mandatory when selecting anything other than “None” for Referrals or Exposure Concerns

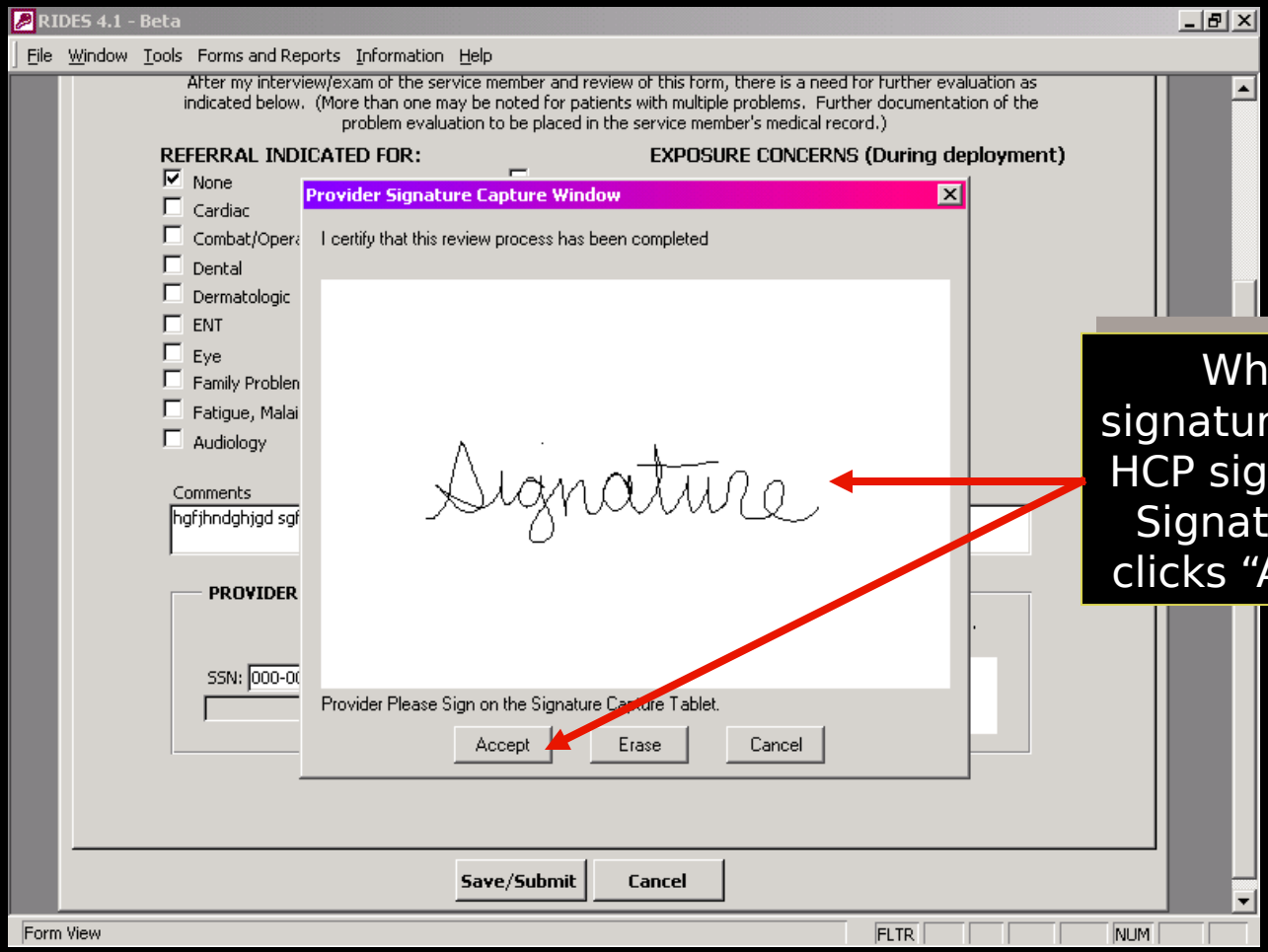
Provider Training HCP Assessment DD FORM 2796 – Tab # 7 (cont)



Enter Provider SSN prior to Capturing Signature

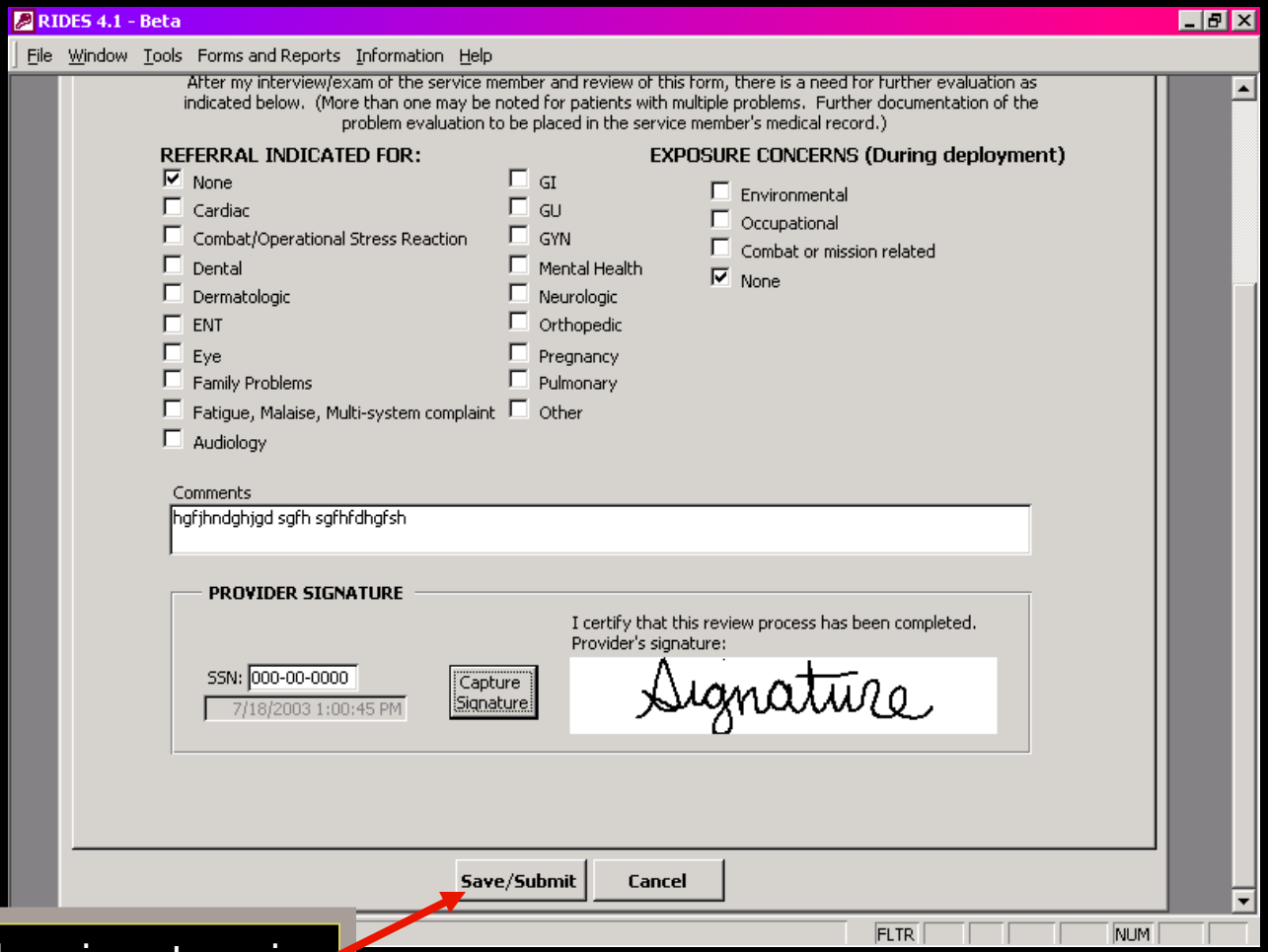
The provider clicks on the "Capture Signature" button only after all the questions have been fully answered. Note: Do not tab to this button & press enter!

Provider Training HCP Assessment DD FORM 2796 – Tab # 7 (cont)


RIDES 4.1 - Beta
File Window Tools Forms and Reports Information Help
After my interview/exam of the service member and review of this form, there is a need for further evaluation as indicated below. (More than one may be noted for patients with multiple problems. Further documentation of the problem evaluation to be placed in the service member's medical record.)
REFERRAL INDICATED FOR:
EXPOSURE CONCERNS (During deployment)
None
Cardiac
Dental
Dermatologic
ENT
Eye
Audiology
Comments
PROVIDER
SSN:
Provider Signature Capture Window
I certify that this review process has been completed
Signature
Provider Please Sign on the Signature Capture Tablet.
Accept
Erase
Cancel
Save/Submit
Cancel
Form View
FLTR
NUM

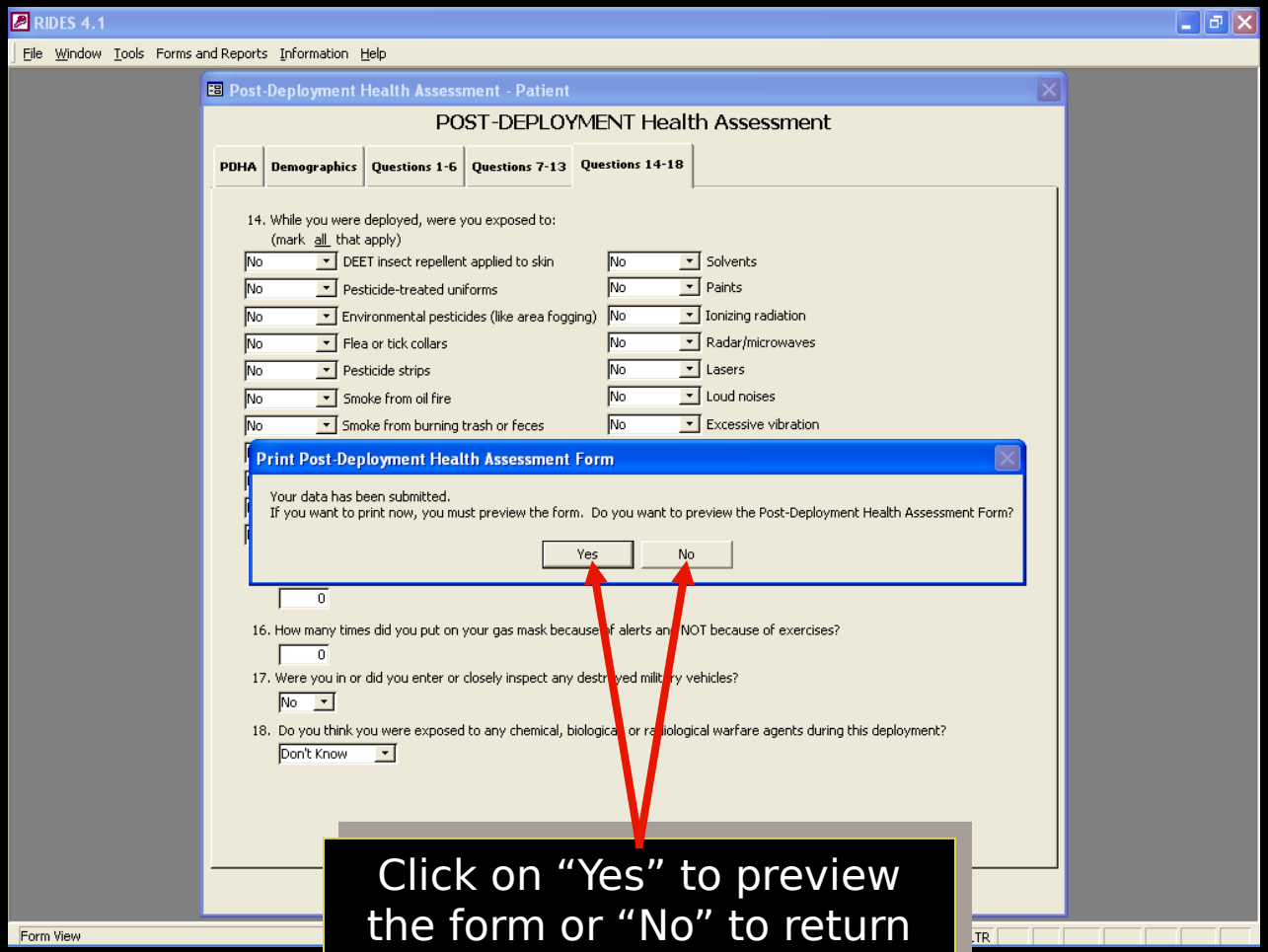
When pop-up signature box appears, HCP signs using Topaz Signature Pad, then clicks “Accept” button

Provider Training HCP Assessment DD FORM 2796 – Tab # 7 (cont)



Once the signature is captured, click Save/Submit

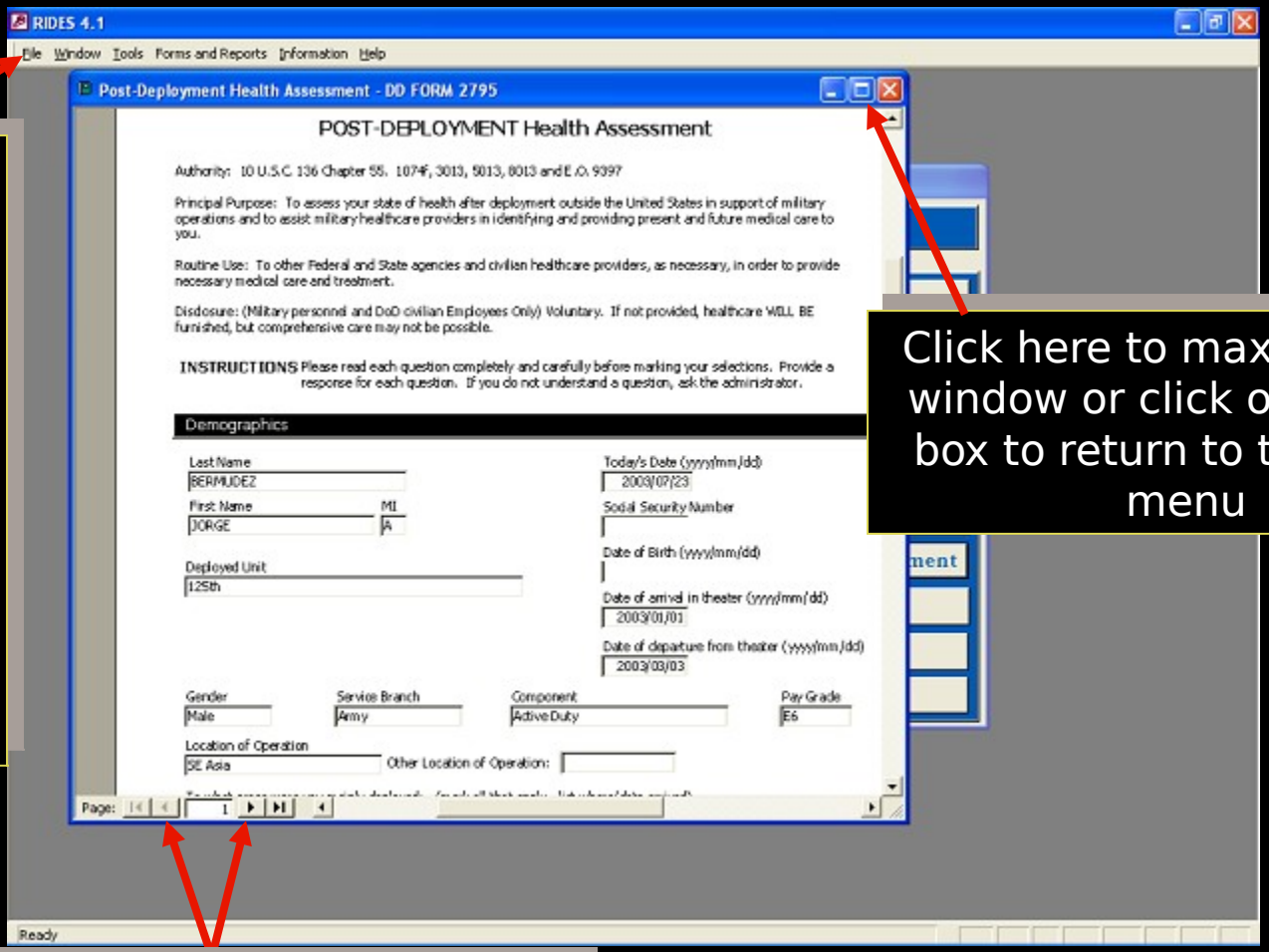
Provider Training HCP Assessment DD FORM 2796 – Tab # 7 (cont)


RIDES 4.1
File Window Tools Forms and Reports Information Help
Post-Deployment Health Assessment - Patient
POST-DEPLOYMENT Health Assessment
PDHA
Demographics
Questions 1-6
Questions 7-13
Questions 14-18
14. While you were deployed, were you exposed to:
(mark all that apply)
No DEET insect repellent applied to skin
No Pesticide-treated uniforms
No Environmental pesticides (like area fogging)
No Flea or tick collars
No Pesticide strips
No Smoke from oil fire
No Smoke from burning trash or feces
No Solvents
No Paints
No Ionizing radiation
No Radar/microwaves
No Lasers
No Loud noises
No Excessive vibration
Print Post-Deployment Health Assessment Form
Your data has been submitted.
If you want to print now, you must preview the form. Do you want to preview the Post-Deployment Health Assessment Form?
Yes
No
16. How many times did you put on your gas mask because of alerts and NOT because of exercises?
17. Were you in or did you enter or closely inspect any destroyed military vehicles?
No
18. Do you think you were exposed to any chemical, biological or radiological warfare agents during this deployment?
Don't Know
Form View

Click on “Yes” to preview the form or “No” to return to the PDHA menu

Provider Training HCP Assessment DD FORM 2796 – Print Preview

Click “File” “Print” if you wish have a printer connected and want a hard copy form to place in the soldier’s deployment medical record (DD2766)

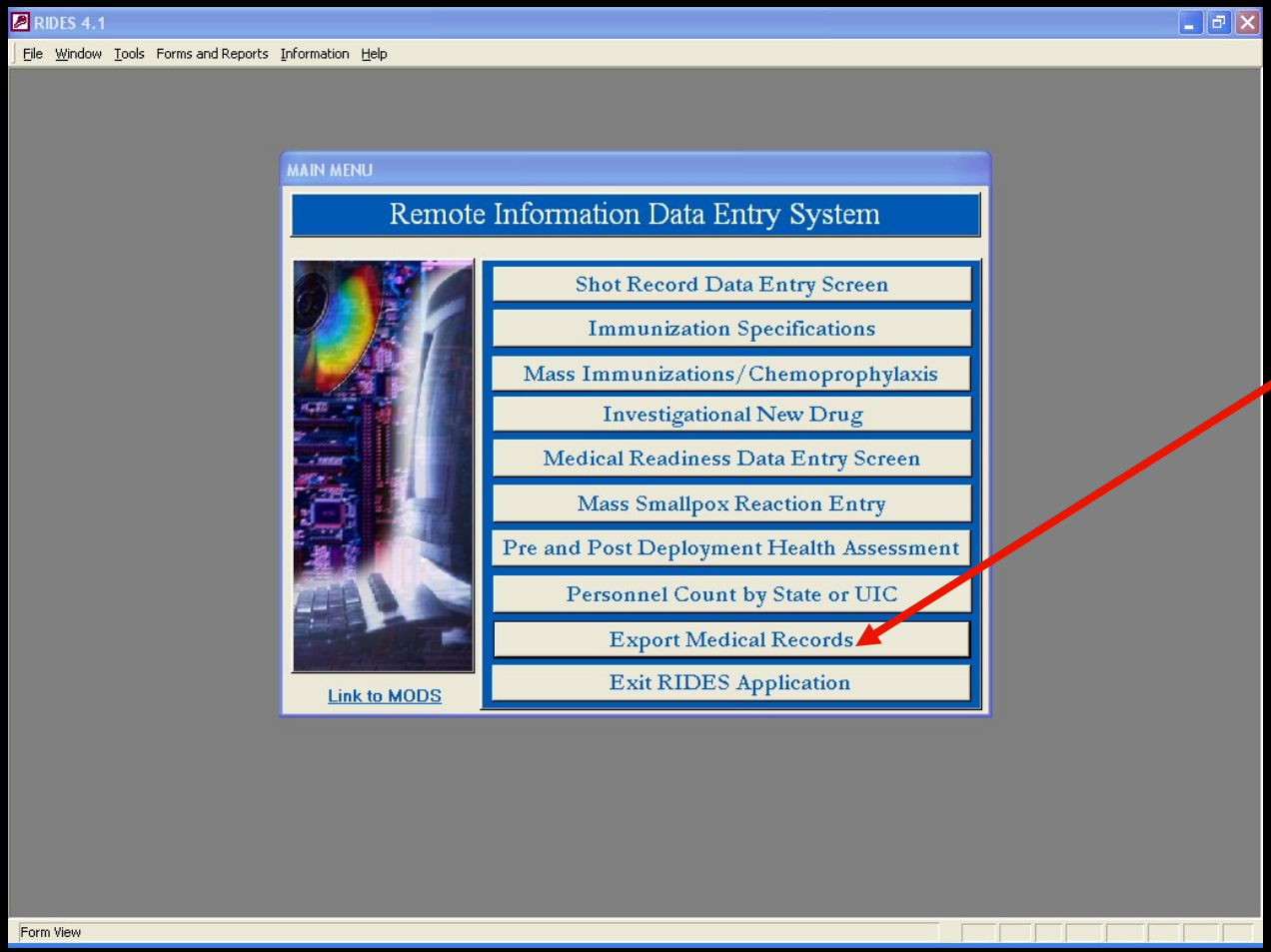

RIDES 4.1
File Window Tools Forms and Reports Information Help
Post-Deployment Health Assessment - DD FORM 2795
POST-DEPLOYMENT Health Assessment
Authority: 10 U.S.C. 136 Chapter 55. 1074f, 3013, 5013, 8013 and E.O. 9397
Principal Purpose: To assess your state of health after deployment outside the United States in support of military operations and to assist military healthcare providers in identifying and providing present and future medical care to you.
Routine Use: To other Federal and State agencies and civilian healthcare providers, as necessary, in order to provide necessary medical care and treatment.
Disclosure: (Military personnel and DoD civilian Employees Only) Voluntary. If not provided, healthcare WILL BE furnished, but comprehensive care may not be possible.
INSTRUCTIONS Please read each question completely and carefully before marking your selections. Provide a response for each question. If you do not understand a question, ask the administrator.
Demographics
Last Name
BERMUDEZ
First Name
JORGE
MI
A
Deployed Unit
125th
Today's Date (yyyy/mm/dd)
2003/07/23
Social Security Number
Date of Birth (yyyy/mm/dd)
Date of arrival in theater (yyyy/mm/dd)
2003/01/01
Date of departure from theater (yyyy/mm/dd)
2003/03/03
Gender
Male
Service Branch
Army
Component
Active Duty
Pay Grade
E6
Location of Operation
SE Asia
Other Location of Operation:
Page:
1
Ready

Click here to maximize the window or click on the red box to return to the PDHA menu

Click here to go to the next page or to return to the

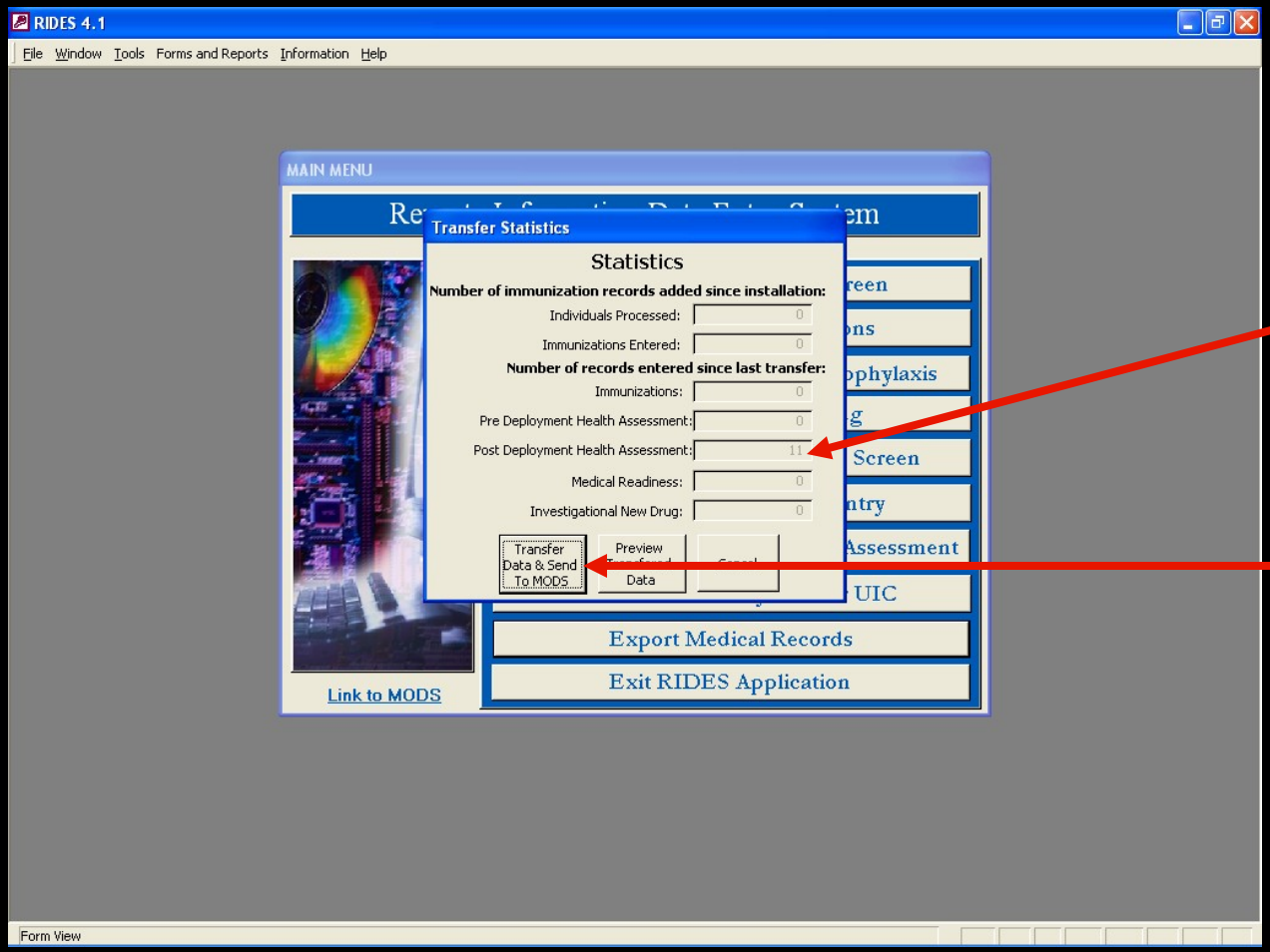
Data Transfer – ZPAQ to DMSS

Exporting Automated DD Form from ZPAQ



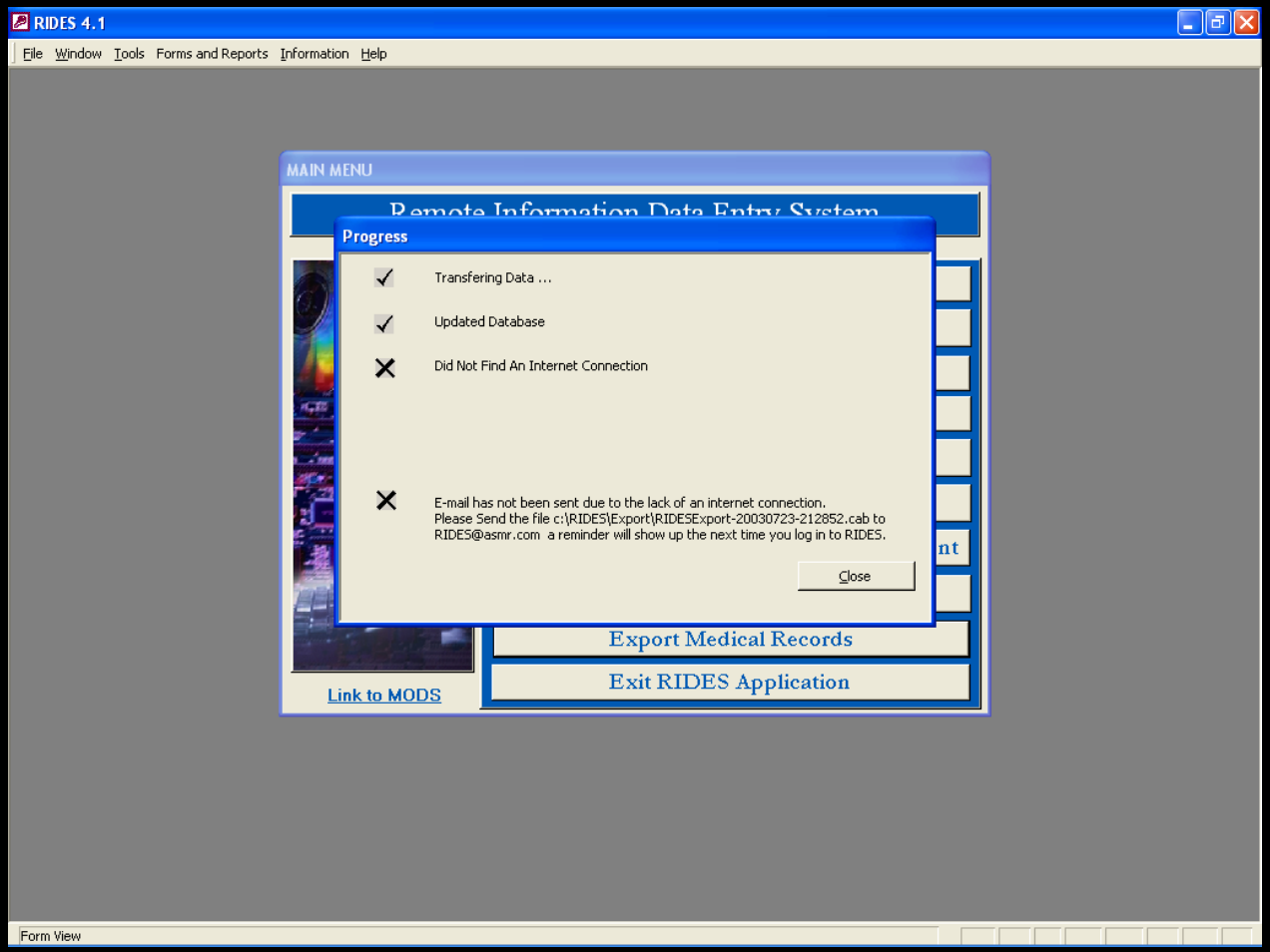
Begin by clicking on "Export Medical Records" from the RIDES main menu. A pop-up window will appear

Exporting Automated DD Form from ZPAQ



This pop up window gives the user an opportunity to verify the number of PDHA records that are being transferred into MEDPROS. Click on "Transfer Data & Send to MODS" to continue the export process.

Exporting Automated DD Form from ZPAQ


RIDES 4.1
File Window Tools Forms and Reports Information Help
MAIN MENU
Progress
Transfering Data ...
Updated Database
Did Not Find An Internet Connection
E-mail has not been sent due to the lack of an internet connection.
Please Send the file c:\RIDES\Export\RIDESExport-20030723-212852.cab to
RIDES@asmr.com a reminder will show up the next time you log in to RIDES.
Close
Export Medical Records
Exit RIDES Application
Link to MODS
Form View

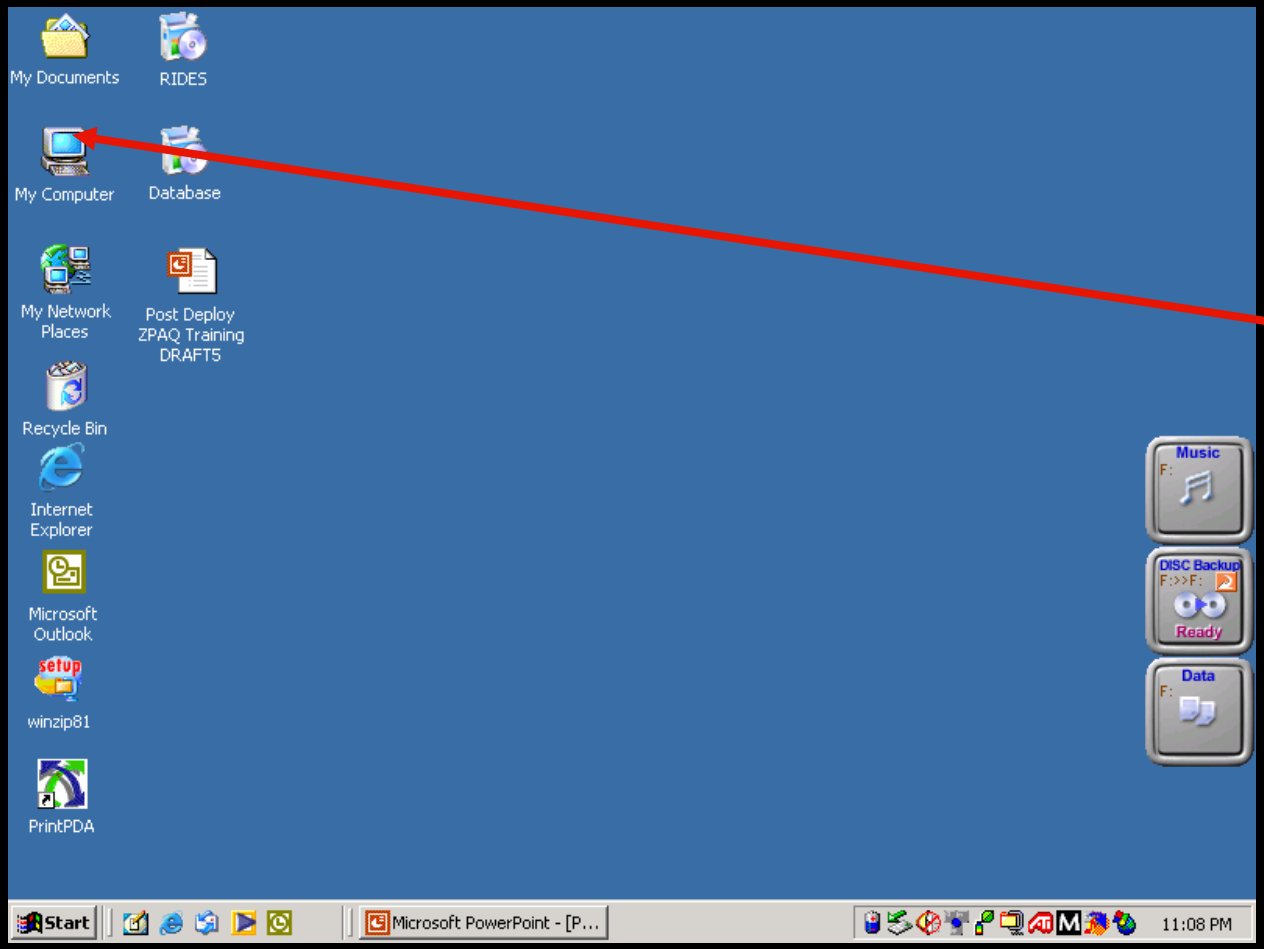
A series of messages will appear that show transfer status.

If not connected to a LAN, the final message will provide the exported file name and path (make a note, you will need both later).

It will also show the email address where you should send the exported file (write this down also).

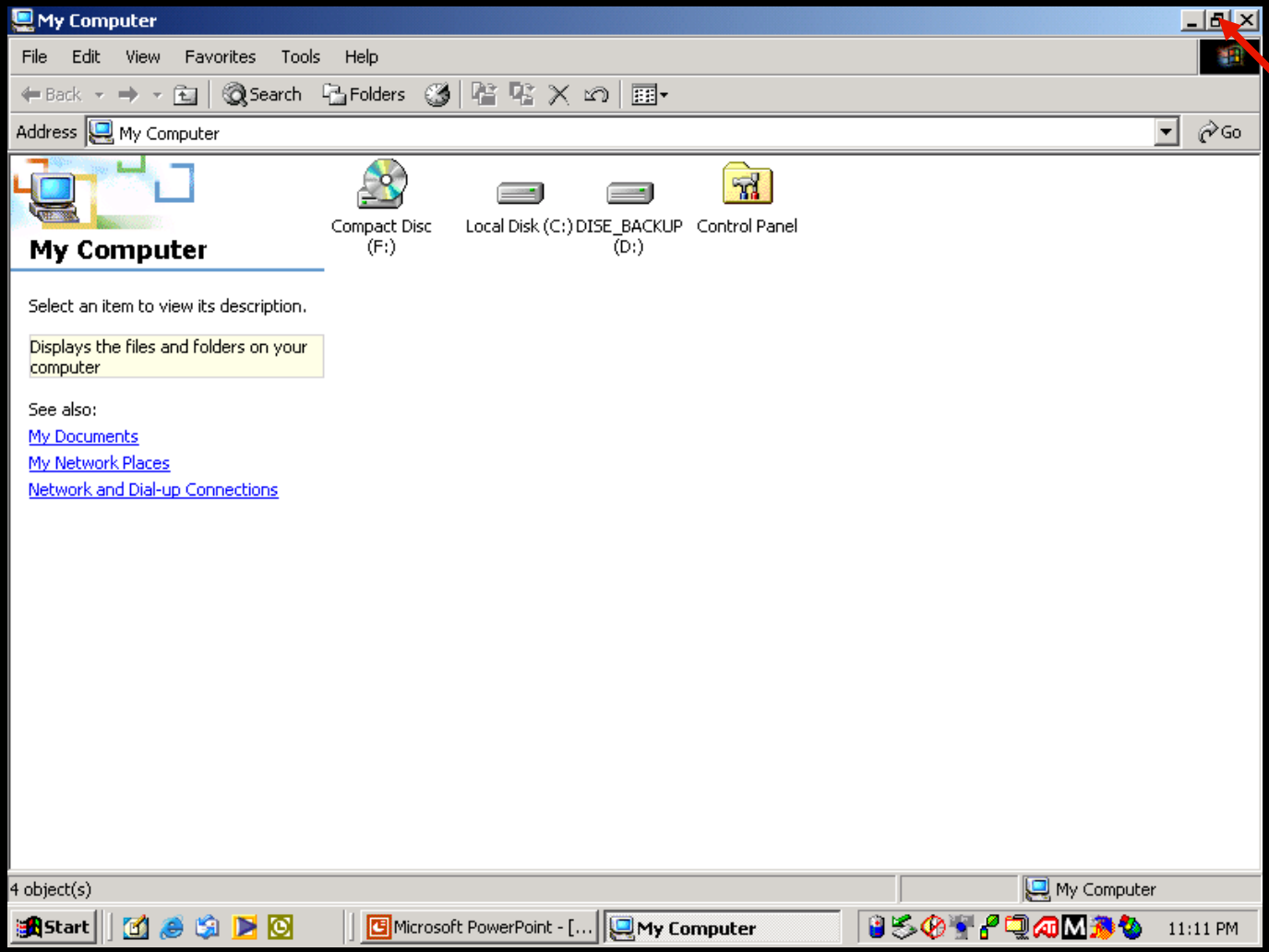
The next step is to locate the file.

Data Transfer – ZPAQ to DMSS
Sending Exported Files to MEDPROS



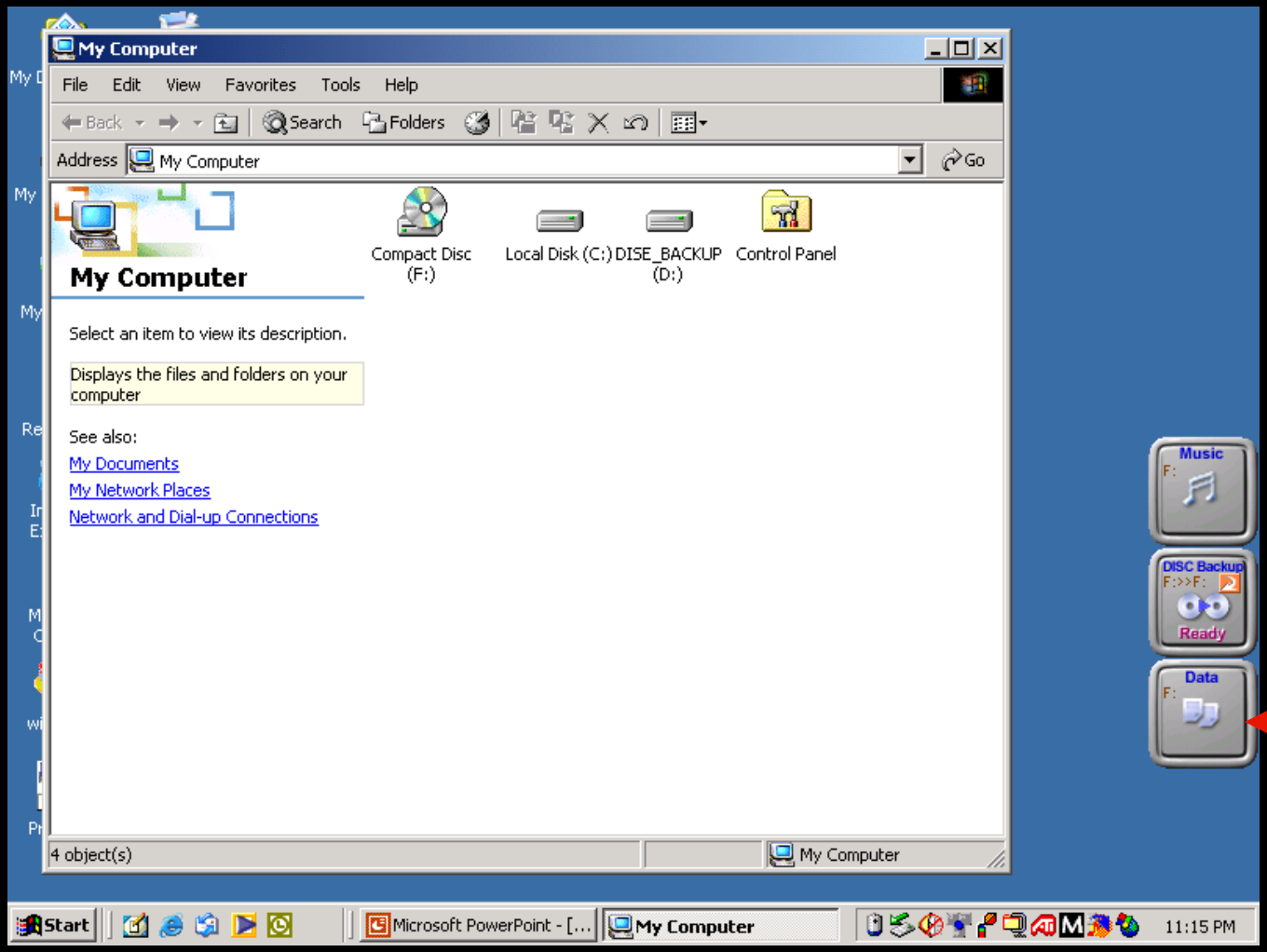
After closing or minimizing the RIDES Application and returning to the Desktop, click on the "My Computer" icon

Sending Exported Files to MEDPROS (cont)



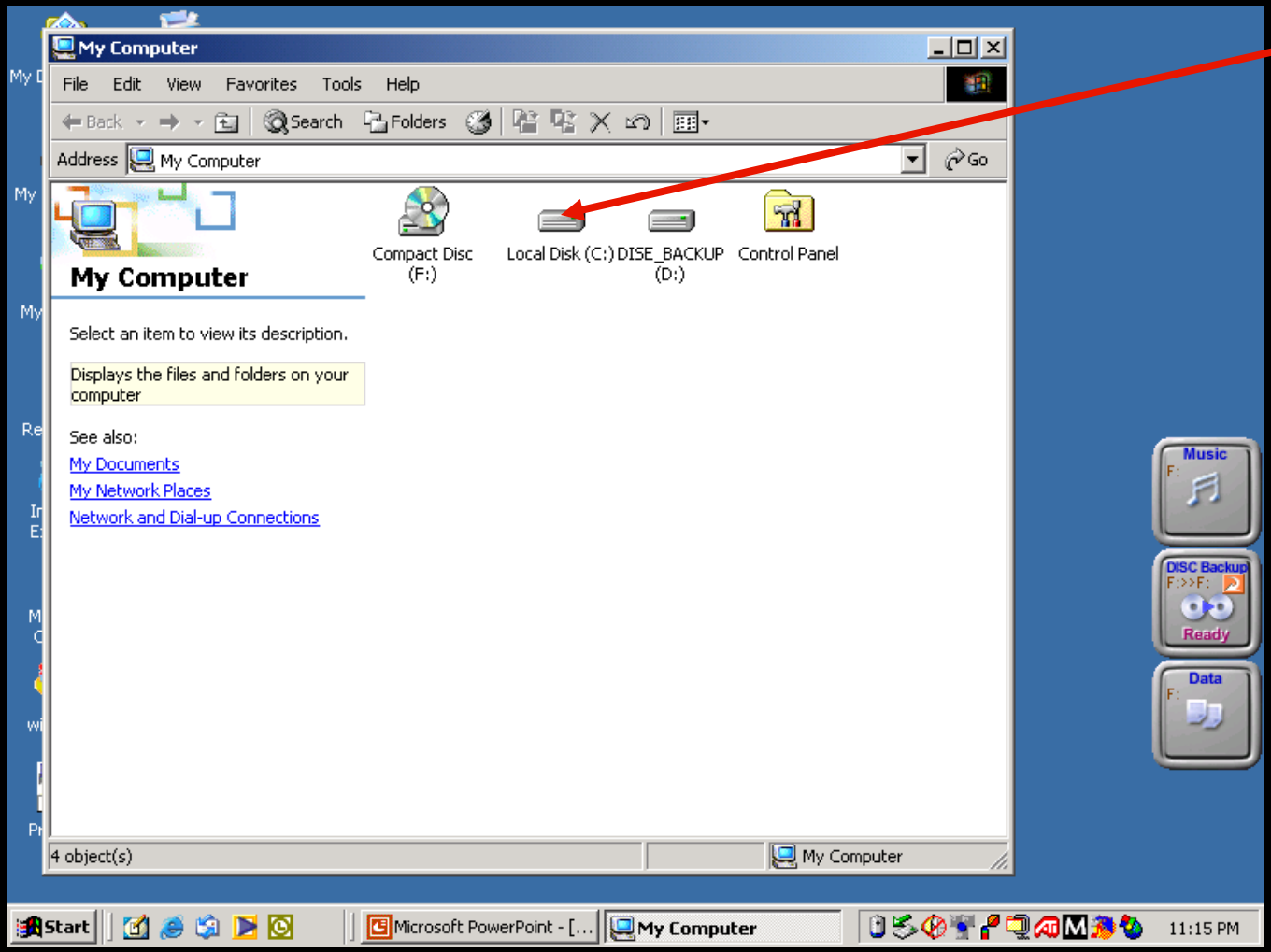
Shrink the screen down from full screen size by clicking on the middle square in top right corner of screen

Sending Exported Files to MEDPROS (cont)



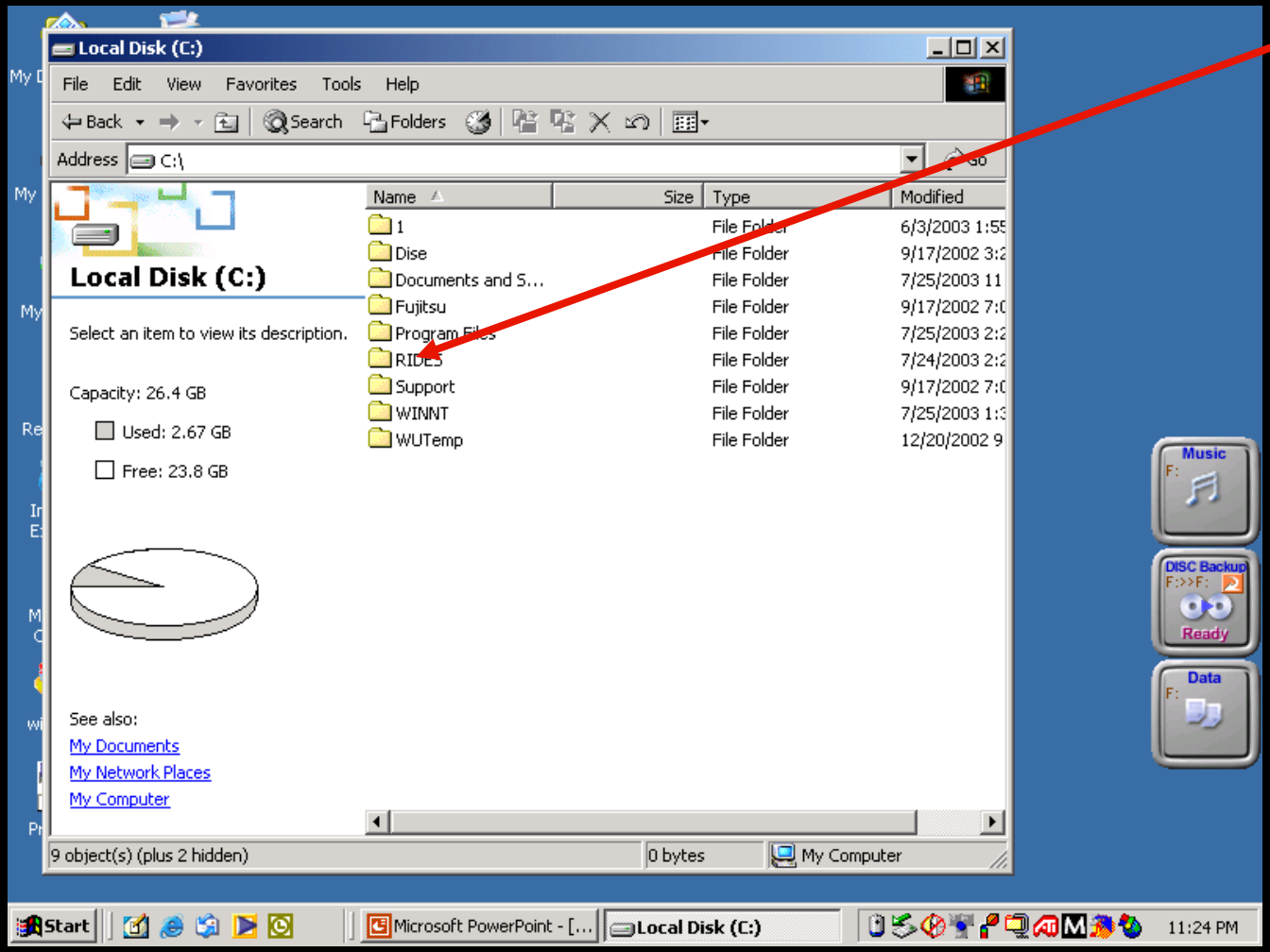
Move the "My Computer" screen so you can see the three boxes on the right side of your desktop.

Sending Exported Files to MEDPROS (cont)



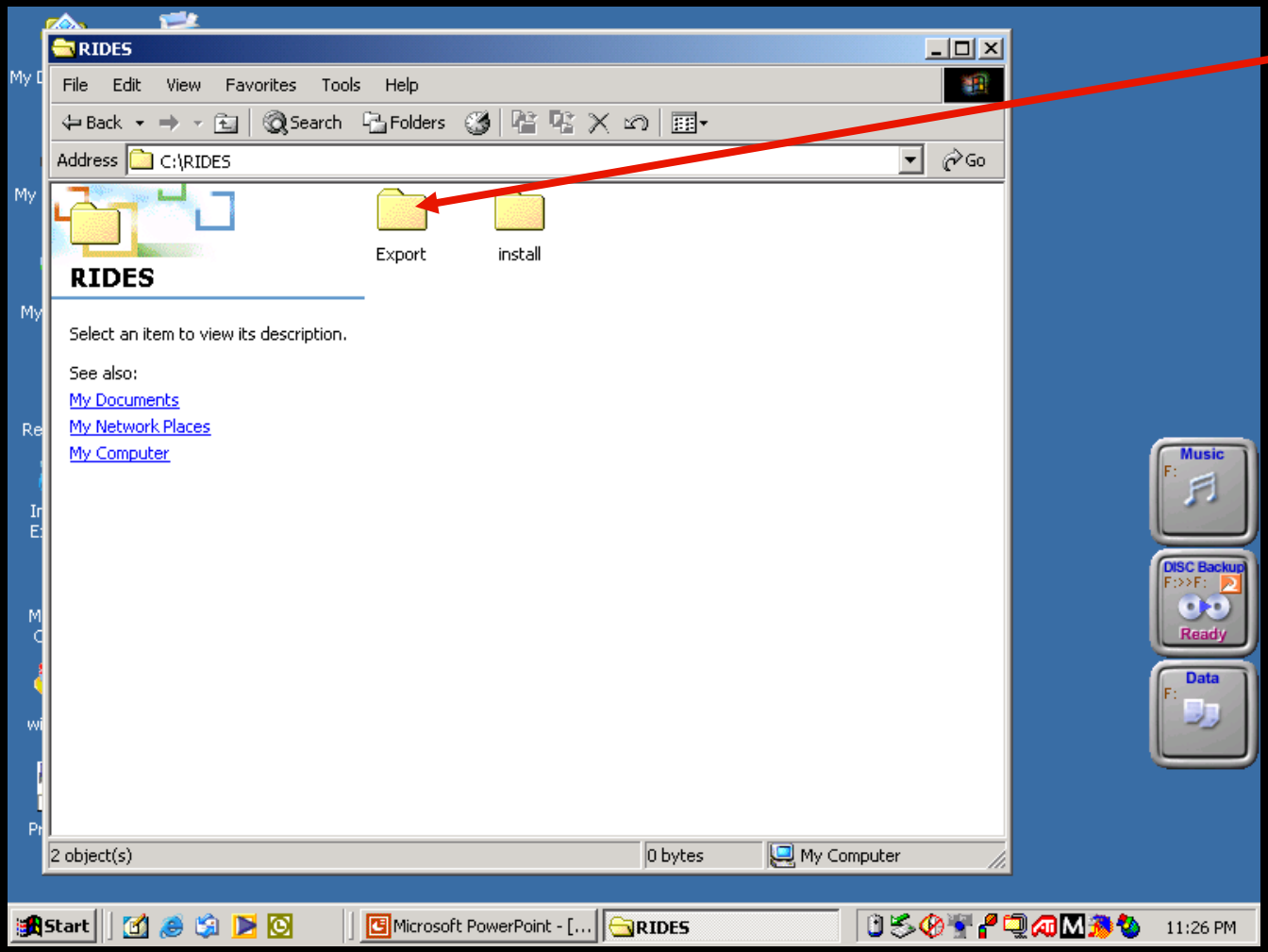
Click on “Local Disk (C:)” icon

Sending Exported Files to MEDPROS (cont)



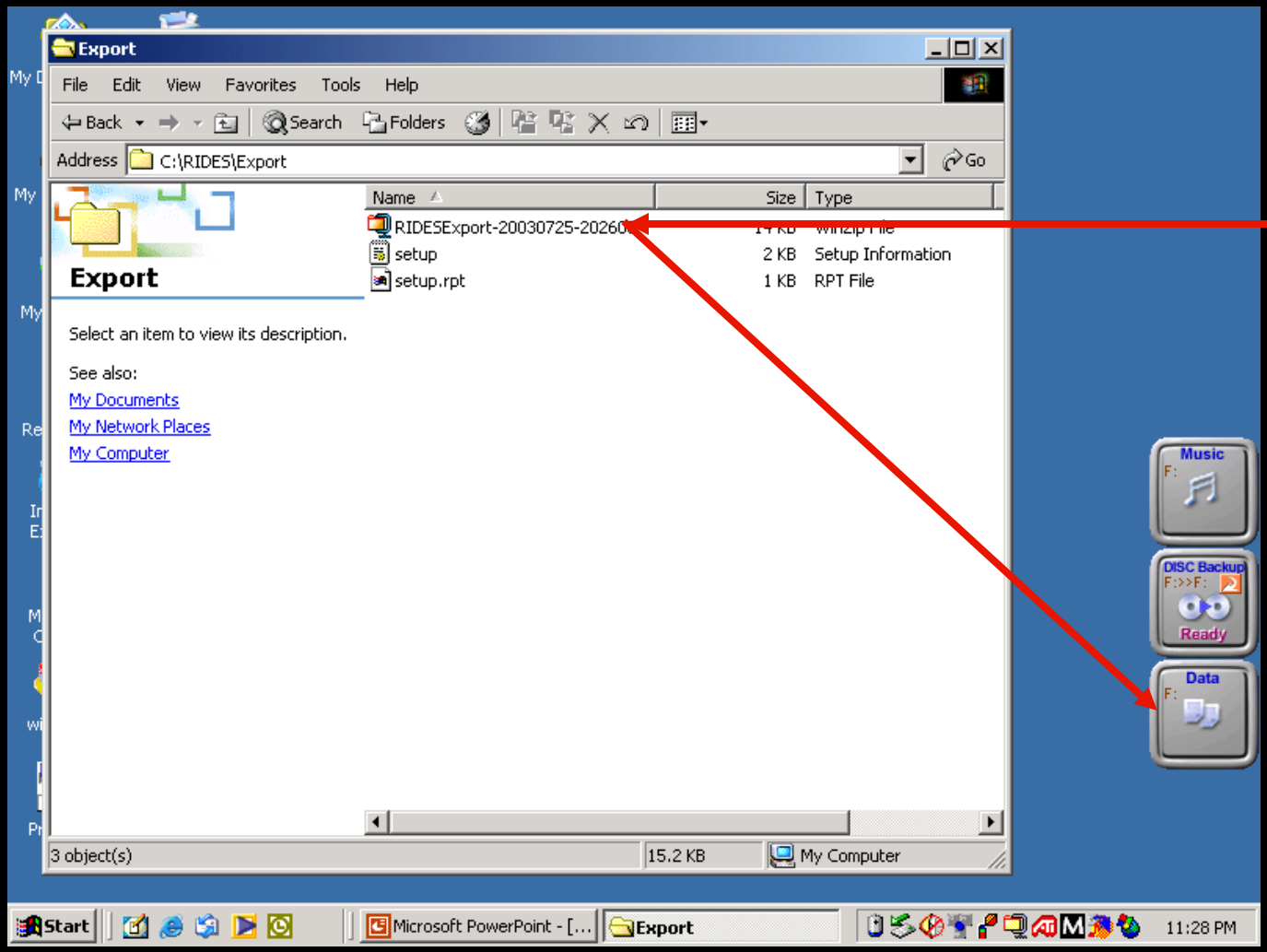
Click on RIDES Folder

Sending Exported Files to MEDPROS (cont)



Click on Export Folder

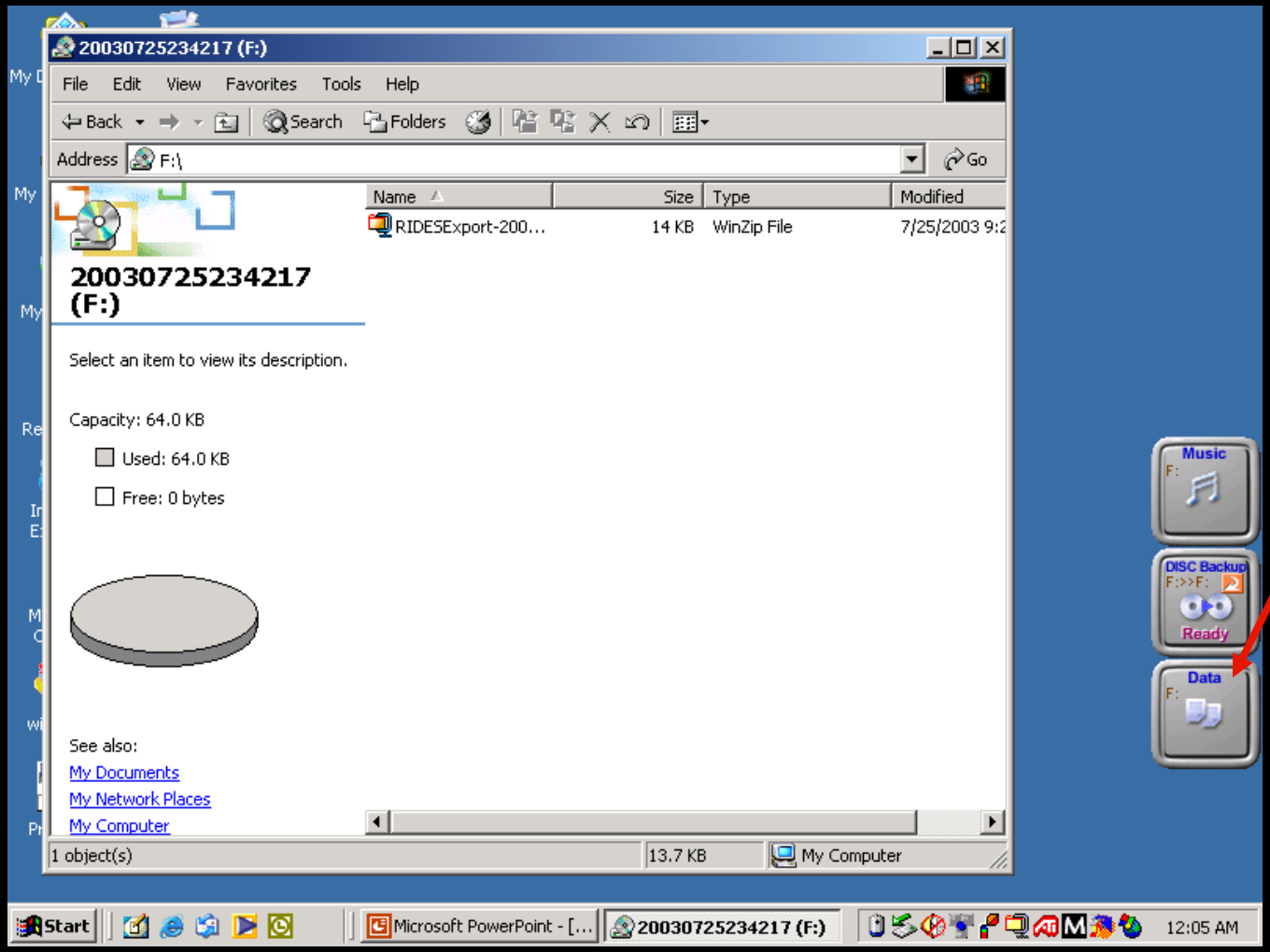
Copying Files to CD to Sent to MEDPROS



NOTE: Prior to proceeding with the next step, ensure you have a writeable disk in your CD Read/Write Drive

Left click, hold and drag the RIDESExport file with the date/time group of your most recently exported file and "Drop" it in the "Data" box on the right side of your desktop screen.

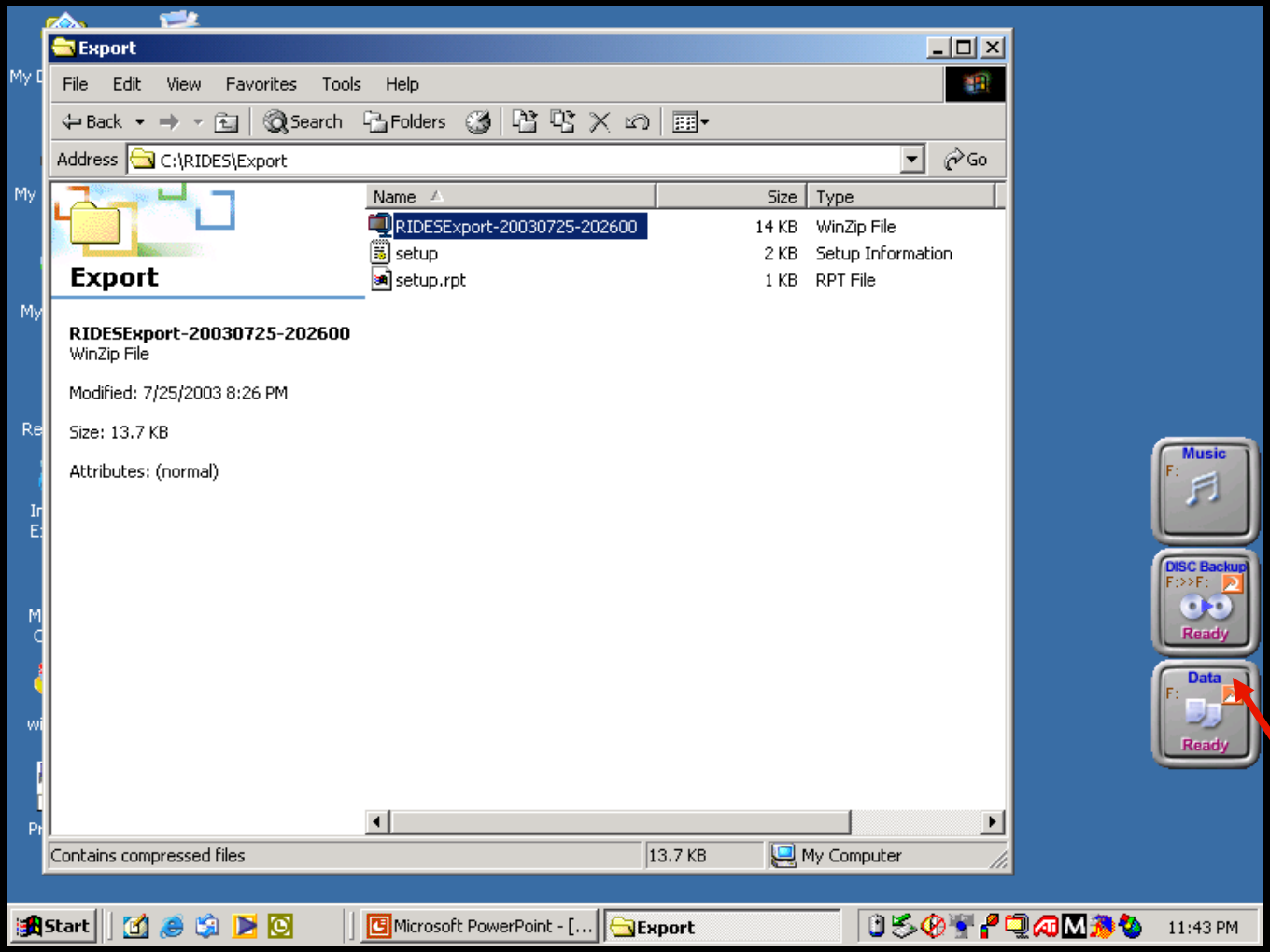
Copying Files to CD to Sent to MEDPROS



A "swirl" will appear, then go away when you drop the file into the "Data" box, followed by an orange arrow at the top right corner of the box.

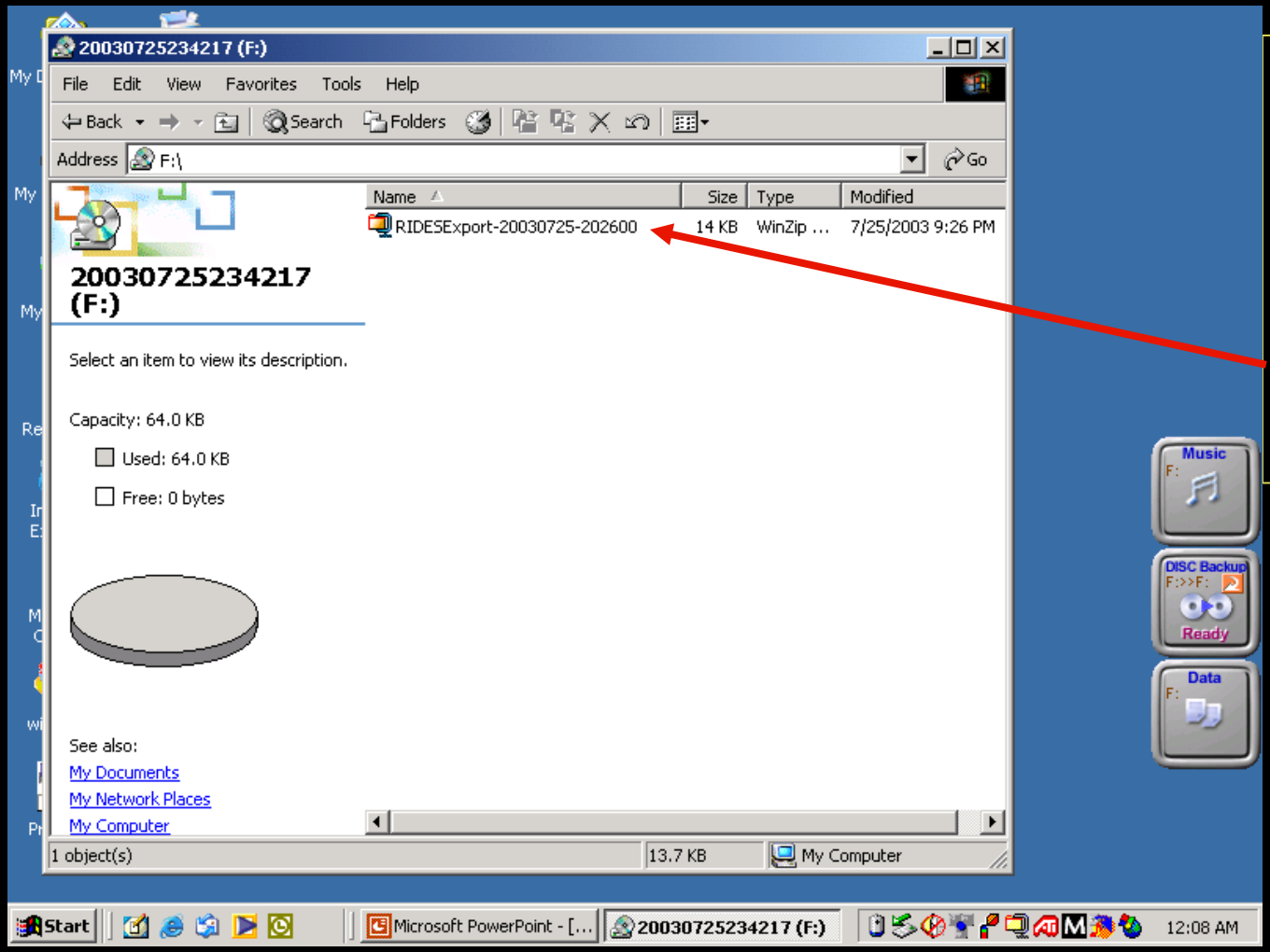
Double click on the orange arrow.

Copying Files to CD to Sent to MEDPROS



The word "Reading" will appear shortly, followed by the word "Finalizing" at the bottom of the box with a running percentage completed number in the top right corner of the box. Once the copying is complete, the CD will eject automatically.

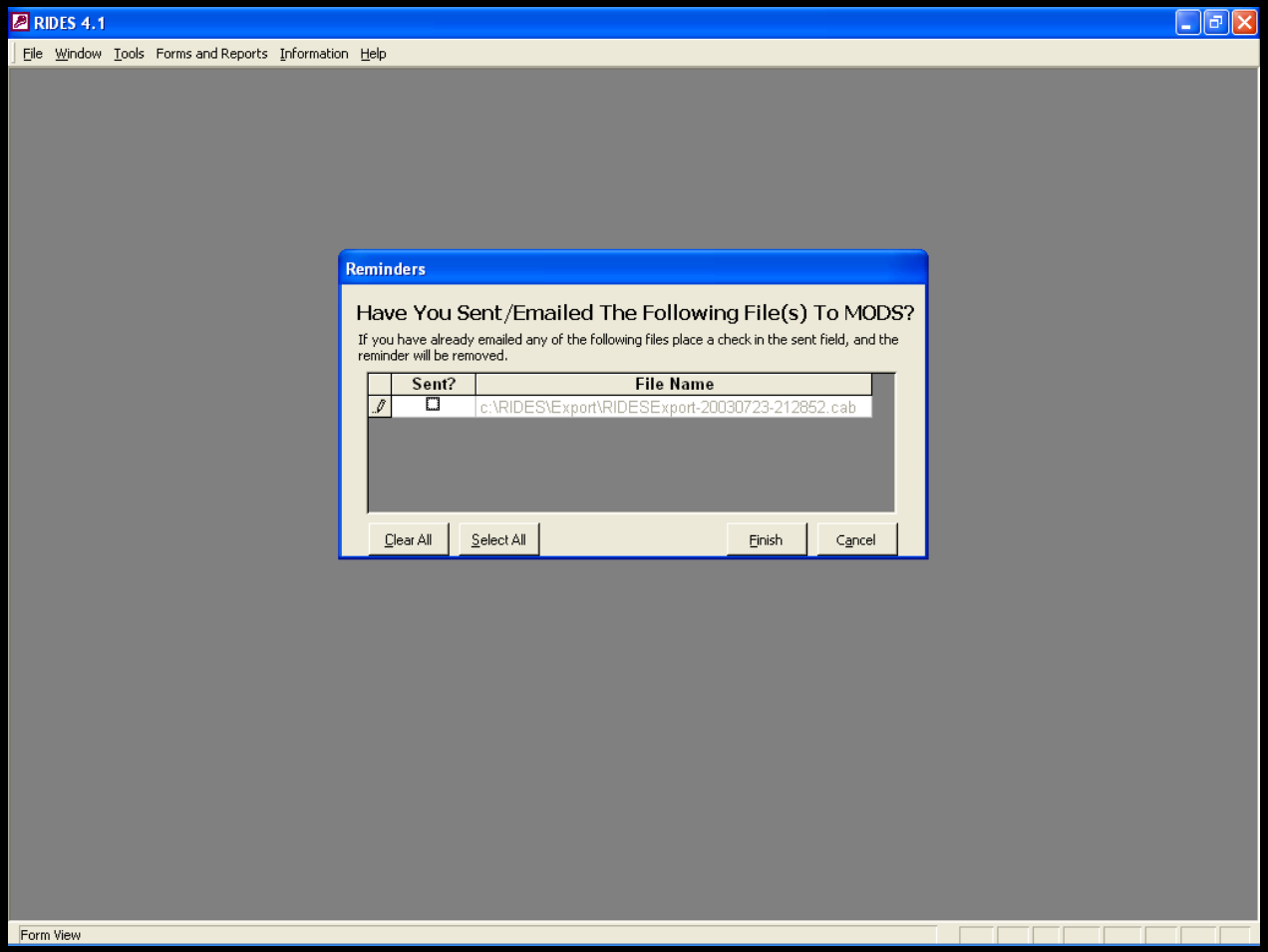
Data Transfer - EPAQ to DPAS
Copying Files to CD to Sent to MEDPROS



The file can now be found on your CD Drive, which must be taken to a computer with connectivity, attached to an email and sent to "RIDES@asmr.com"

Recommend using the same CD each time you export, thereby maintaining a separate "backup" of each file sent.

Data Transfer - EPAQ to DMSS
Copying Files to CD to Sent to MEDPROS


RIDES 4.1
File Window Tools Forms and Reports Information Help
Reminders
Have You Sent/Emailed The Following File(s) To MODS?
If you have already emailed any of the following files place a check in the sent field, and the reminder will be removed.
Sent?
File Name
c:\RIDES\Export\RIDESExport-20030723-212852.cab
Clear All
Select All
Finish
Cancel
Form View

The next time you log onto RIDES, a reminder prompt will appear. Follow the instructions on the screen to remove the prompt once file has been forwarded for upload into MEDPROS

ASM Research will place these files on an FTP server for download by DMSS, completing the transfer process. DMSS will confirm number of records received with ASM Research to validate successful transfer.

Questions/Comments